

Somerset County Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1936.

WILLIAM G. SAVAGE,

B.Sc., M.D. (Lond.), D.P.H.,

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**To the Chairman and Members of the Public Health and Housing Committee,
Somerset County Council.**

GENTLEMEN,

I have the honour to submit my twenty-eighth Annual Report upon the Health Administration of the County. Since my retirement takes effect at the end of August, 1937, this will be my last annual report to the County Council, and it is perhaps fitting I should add a few observations on the administrative changes which have taken place over this long period.

In general it has covered not only very wide advances in the administrative control of health matters but has coincided with a Government policy which has tended more and more to entrust their execution to County Councils rather than to the smaller Sanitary Authorities.

When I became your first County Medical Officer of Health at the end of September, 1909, the Public Health Committee had only one quite small Sub-Committee and its duties were mainly confined to the supervision of midwives, the administration of the Food and Drugs Acts, some river pollution work, and the development of isolation hospitals by grants in aid, while some indirect supervision was exercised over the smaller sanitary authorities in the County. On the Educational side considerable steps had been taken to place school medical inspection upon a sound basis but comparatively few of the present developments had been initiated.

The first extension of importance was the closer association of the County Council and its Medical Officer of Health with the new regulations for the systematic inspection of houses and the elimination of those unfit, which were issued September, 1910, and since that date I have paid great attention to housing in the County.

The County Laboratory was started in 1911 and has been found so valuable that it has been extensively expanded, particularly in the last few years coinciding with the great increase in laboratory milk examinations. The extensive range it covers will be seen from the figures in the body of the report.

A marked extension took place in 1912, arising indirectly from the Insurance Act, 1911, in the development of a comprehensive scheme for dealing with tuberculosis. The work has all developed along the lines of the original scheme with practically no changes of the principles accepted, but the institutional treatment in our own institutions took time to develop and Taunton Sanatorium was only opened in January, 1916, Compton Bishop in October, 1917, Quantock Sanatorium June, 1925, and Chard Sanatorium in April, 1935.

In 1915 the County Council inaugurated a scheme of infant welfare work which was at first limited to supervision and welfare work in the homes but by gradual developments expanded into the very comprehensive scheme which was described in full detail in my report for 1935 and in rather less detail in the present report.

The proposals for the free treatment of persons suffering from venereal diseases was started in 1917, and has been little altered since 1918.

In 1923 the County Council became the authority for the hospital treatment of small pox and the county hospital was built. In the same year the care and supervision of the blind was entrusted to the Public Health Committee and became an integral part of the work of my department.

The year 1925 was particularly associated with improved control over certain foods, as the Public Health (Meat) Regulations, the Tuberculosis Order, 1925, and the Milk and Dairies (Consolidation) Act, 1925, all came into operation in 1925. These Acts and Regulations considerably affected the work of the County Health Department. To improve administration courses of instruction in meat inspection were held in 1925 and 1929 and in milk supervision in 1927.

In 1925 the County Council adopted a comprehensive orthopædic scheme for the ascertainment and treatment of children suffering from crippling conditions.

While Health Propaganda work has always been a feature of our work and in 1920 a small travelling exhibition dealing with infant and child welfare work was collected and utilised, its extension along our present lines started in January, 1926, with the appointment of a special health propaganda officer and, except for a short interval, has been actively continued since that date.

The indirect concern of the County Council with housing has always been considerable and particularly so since the passing of the Housing Act, 1930, but its direct duties as regards the actual renovation or provision of houses started in 1927 consequent on the passing of the Housing (Rural Workers) Act, 1926.

The Local Government Act, 1929, effected considerable immediate additions to the work of the County Public Health Department. The transfer of the Boards of Guardians to the County Council resulted in the County Medical Officer of Health becoming the Medical Adviser to the new Public Assistance Committee and I have devoted much time to the various new problems which have arisen. From this Act results the legal ability of the County Council to assist the development of water and sewage schemes by financial aid from the County Council. The County Council has formulated an adequate scheme of isolation hospital provision for the whole County. A scheme of Medical Officers of Health for the various areas has been prepared but not yet put into operation. Vaccination supervision has been taken over by the Public Health Committee. These are immediate consequences, while future developments will include the transference of the whole of the treatment of the sick poor from Public Assistance under the Poor Laws to the Health Department with treatment as purely a health disability.

The above is merely an outline of the many developments which have taken place and does not include many enactments which have thrown added responsibility upon the Health Department of the County Council, such as Infant life protection regulations, the registration of maternity and nursing homes and the care of puerperal septicæmia.

I will not discuss the enormous health improvements which have resulted in the County since 1909 as they are chronicled year by year in my Annual Reports. As regards statistics, the three chief figures are as follows:—

	1910	1936
Corrected death rate	10.9	10.6
Rate of Infant Mortality	68	47
Tuberculosis death rate (per 100,000)...	111	44

I should like to take this opportunity of expressing my thanks to the members of the County Council and of all the Committees with whom I have worked for their invariable kindness to myself, for the sympathetic way they have received all my reports and proposals and for their valuable suggestions to improve those proposals. This has made my duties both easier and more pleasant and no shadow of friction has ever been added to darken my endeavours.

I have received unstinted assistance from the two Clerks of the County Council with whom I have been associated and from all my other colleagues who are head of the various departments of the Council.

I would also in particular mention the valuable and devoted work of the individual members of the staff of the Public Health Department, both the Technical Officers and the Clerical Staff. Three of them have been associated with me for the whole of the 28 years, while many have been on the Staff for a great many years, but all equally have devoted their time and energies to making the work of the County Public Health Department alive, efficient, economical and progressive.

Your obedient servant,

W. G. SAVAGE.

Taunton,

June, 1937.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres):—1,028,777.

Population (1936):—403,600.

Live-births:—Total, 5,321; Legitimate 5,140, Illegitimate 181. Stillbirths, 220.

Deaths:—Total, 5,217; Urban, 2,338; Rural, 2,879.

Deaths of children under 1 year of age:—252.

Rateable Value:—£2,497,542 (1936).

Sum represented by a penny rate:—£9,437 (1935-36); £9,648 (1936-37); £9,776 (1937-38).

Birth rate:—13.18.

Death rate:—12.93.

Rate of infantile mortality:—47.36.

Percentage of births which were illegitimate:—3.40.

The birth rate is slightly lower than for the previous year, and the birth and death rates are now nearly the same. The population shows a decrease of 100.

The death returns are corrected as regards the distribution of deaths to the districts to which they properly belong. To correct the differences of age and sex distribution a standardizing factor has to be used based upon the census figures. So corrected the following figures are obtained:—

				<i>Net Death-rate.</i>	<i>Standardizing Factor.</i>	<i>Standardized Death-rate.</i>
Rural Districts	...	...	...	12.99	0.82	10.65
Urban Districts	...	...	...	12.85	0.82	10.54
Administrative County	...	...	...	12.93	0.82	10.60
England and Wales	...	...	...	12.1	—	12.1

Somerset now contains a high proportion of old people and this is reflected in the difference between the net and standardized death rates. Compared with a population of standard age and sex distribution, which is what the standardized rate permits, it shows a rate of 10.60, which is low, but above the lowest on record for the County, *i.e.* 9.21.

The implications of the extremely low birth rate deserve most careful consideration. While the actual figures at the present time do not suggest any cause for alarm it has to be realized that the effect is cumulative. The mothers of the next generation are not being born so that the effects are ultimately marked and the fall dramatic and it will be too late to do anything. We have I believe to face a markedly reduced population in a few years time. Also the population will be of a different age distribution. There will be a much greater pro-

portion of old people and in consequence the death rate must rise and this will no longer carry the same reflection upon the healthiness of the area. These facts obviously suggest the importance of still further improving our schemes for the care of the young and for making safer if possible the risks of childbearing. They will also have to be taken into consideration in connection with housing policies. I believe that every local authority concerned in housing should consider the problem of the aged, as there will be many of them, and make special provision for this group. This can be done in all new schemes by providing special houses for this class which can be on the flat system, one flat upstairs and one on the ground floor, the latter being reserved for the oldest or most feeble couples or single persons.

The causes of death are set out in Tables A. and B. at the end of the Report. Table A. shows that heart diseases are responsible for the largest number of deaths from one single group of causes (1,353 deaths), cancer and other forms of malignant disease the next largest (729 deaths), bronchitis and pneumonia caused 399 deaths, while tuberculosis caused 178 deaths.

As pointed out in previous years, we cannot hope to lower the death rate further to any great extent but must aim at a postponement of the period of death. Table I. shows that this is taking place.

TABLE I.

Proportion of the deaths in each year divided amongst the different age groups.

	Under 1 year.	1—45.	45—65.	65 and over.
1911	12.9	21.0	20.8	45.3
1912	10.6	21.0	23.0	45.4
1913	10.8	23.3	21.0	44.9
1914	9.2	22.0	22.3	46.5
1920	9.7	19.1	22.3	48.9
1921	9.3	18.0	23.1	49.6
1922	6.6	17.3	22.2	53.9
1923	7.0	18.7	23.1	51.2
1924	7.1	17.5	21.8	53.6
1925	6.5	17.0	22.2	54.3
1926	6.9	16.0	22.3	54.8
1927	5.3	15.3	23.5	55.9
1928	5.6	16.6	23.2	54.6
1929	5.2	14.8	22.3	57.7
1930	5.6	15.5	23.4	55.5
1931	5.6	15.1	22.7	56.6
1932	5.3	14.1	23.2	57.4
1933	4.7	13.9	22.3	59.1
1934	4.9	13.3	23.4	58.4
1935	4.2	12.3	23.7	59.8
1936	4.8	11.9	22.7	60.6

Only 39 per cent. of the deaths are in persons under 65 years of age.

Cancer. Table A. shows the actual number of deaths from cancer in the county divided into age groups; Table B. the deaths in the individual districts. The cancer rate continues to increase as shown by the following figures:—

Year.	No. of deaths.	Rate per 1,000.
1911	447	1.1
1921	520	1.3
1931	715	1.8
1932	700	1.7
1933	649	1.6
1934	710	1.8
1935	677	1.7
1936	729	1.8

Table A. shows that 56 per cent. of the deaths were in the 65 and over group. In my annual report for 1933 I separated the cancer deaths into groups and from the census returns was able to calculate the cancer death rates for these different groups. It was shown that for that year nearly all the increase was in the group 65 years and over. In view of the figures in Table I. showing the steady postponement of death it is evident that the proportion of people 65 years and over in Somerset continues to rise, and this accounts for most of the increase in the number of deaths from cancer.

In view of the large number of deaths and the very considerable possibility of cure in early cases it is important that all possible steps should be taken to have the best facilities for treatment available and that they should be widely known and used.

Apart from the surgical treatment given in the Voluntary Hospitals there are no facilities for the special treatment of cancer in the county, but the Bristol Radium Centre, situated at the Bristol Royal Infirmary, is available for cases in the county and is extensively used, both for patients sent direct by private practitioners and also for cases sent through the Public Assistance Committee.

A number of public lectures have been given from time to time in the county on cancer and leaflets are available explaining the importance of early diagnosis and treatment, but no lectures were given during the year and I think more publicity should be undertaken along the lines of explaining the facilities now available for treatment and the paramount importance of obtaining treatment at the earliest possible moment.

TABLE II.
Rural Districts.

YEAR.	Population estimated to middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.	
		Number.	Rate.	Number.	Rate per 1,000 Births registered.	Number	Rate.
1926	231,700	3,654	15.77	180	49.26	2,728	11.77
1927	233,000	3,507	15.05	165	47.04	2,891	12.41
1928	235,440	3,615	15.35	155	42.88	2,754	11.70
1929	235,500	3,459	14.69	166	47.99	3,012	12.37
1930	232,040	3,465	14.93	162	46.76	2,747	11.84
1931	230,100	3,442	14.96	181	52.59	3,076	13.37
1932	231,400	3,315	14.32	160	48.27	2,888	12.48
1933	222,801	3,069	13.61	140	45.62	2,851	12.65
1934	222,691	3,204	14.39	146	45.57	2,742	12.31
1935	222,600	3,027	13.60	115	37.99	2,627	11.80
Averages for years 1926—1935	229,727	3,376	14.7	157	46.5	2,832	12.3
1936	221,700	3,070	13.85	160	52.12	2,880	12.99

Urban Districts.

1926	167,800	2,423	14.44	137	56.54	1,902	11.33
1927	168,500	2,262	13.42	100	44.21	2,110	12.52
1928	169,810	2,336	13.76	114	48.80	2,058	12.12
1929	171,060	2,233	13.05	108	48.37	2,240	13.11
1930	172,830	2,340	13.54	104	44.44	1,986	11.50
1931	173,750	2,260	13.01	114	50.44	2,193	12.64
1932	176,700	2,250	12.74	114	50.67	2,239	12.68
1933	180,529	2,105	11.73	105	49.88	2,331	12.99
1934	180,809	2,284	12.63	102	44.66	2,321	12.84
1935	181,100	2,092	11.55	90	43.02	2,269	12.53
Averages for years 1926—1935	174,289	2,259	13.0	109	48.2	2,165	12.4
1936	181,900	2,251	12.37	92	40.87	2,337	12.85

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

This was set out in detail in my Annual Report for 1930 and remains substantially unaltered.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Acute Infectious Diseases.

The nine Isolation Hospital areas are set out in my Report for 1930. Progress towards completing the Scheme still continues to be rather slow.

The Axbridge Isolation Hospital has been enlarged by the addition of a new ward block of 14 beds and extensions to the administrative block. This has enabled the hospital area to comprise all the districts set out in the Scheme. The areas now included are Bridgwater Borough and the eastern part of Bridgwater Rural.

Considerable extensions and a thorough remodernising of the Taunton Isolation Hospital were put in hand in 1936, but only a part was finished during the year. This will enable the Hospital to take in cases from a much wider area than when it was erected.

At Weston-super-Mare a large new administrative block has been erected; also a separate cubicle block of 8 beds.

The plans for the South Somerset Hospital have been approved, but actual building was not commenced until the spring of 1937.

Plans for the extension of the Shepton Mallet Isolation Hospital are under consideration. It has not been found necessary to enlarge the Paulton Hospital. The arrangements for the cases from Long Ashton, Clevedon and Portishead to go to the Bristol Isolation Hospital have still not been made operative. No extensions are contemplated for the other two hospitals—Minehead and Wincanton.

In view of the fact that Weston-super-Mare is now outside the Scheme and that the buildings at Taunton and South Somerset Hospitals have not yet been erected it has not been possible to put into operation the pooling scheme, for nurses and for cases, sanctioned by the County Council, but it is being used on an unofficial basis.

Small Pox. I am glad to be able to report that there were no cases of Small-pox during the year in the County.

The 1936 vaccination figures are not yet available, but early in 1937 those for 1935 were reported. Of 4,908 births 1,207 were returned as successfully vaccinated. This gives only 25 per cent. vaccinated, the percentage varying from seven in Bridgwater and in Norton Radstock and Clutton to fifty-five in Dulverton registration sub-districts.

Diphtheria. 187 cases were notified with 12 deaths, a case mortality of 6.4 per cent. The distribution of the cases is shown in Table III. The number of cases was lower than the previous year but the case mortality was higher.

Scarlet Fever. The prevalence of this disease was nearly the same as for the previous year although 510 cases were notified. There were only five deaths, giving a case mortality of 0.98 per cent.

Enteric and Paratyphoid Fevers. 17 cases were notified, with one death. Over half these typhoid cases were part of the extensive enteric fever outbreak in Bournemouth and Poole associated with the use of raw milk, the sufferers being visitors in these towns during the epidemic.

Encephalitis Lethargica. Table III. shows that 5 cases were notified while 3 were unnotified. These were distributed through the County and with no epidemic. There were 8 deaths, a case mortality of 100 per cent.

Three cases of Cerebro-spinal Meningitis and 11 cases of acute Poliomyelitis were notified.

Measles and Whooping Cough. Neither disease is notifiable so the number of cases is not known. During the year there were 12 deaths from Measles and 8 deaths from Whooping Cough, rather higher than the figures in recent years.

Table III. shows that the incidence of notifiable infectious diseases in Somerset during 1936 was very low.

INFECTIOUS DISEASES.

TABLE III.

	Small Pox.	Scarlet Fever.	Diphtheria.	Enteric and Paratyphoid Fevers.	Puerperal Fever.	Ophthalmia Neonatorum.	Cerebro-spinal Meningitis.	Dysentery.	Malaria.	Pneumonia.	Acute Poliomyelitis.	Encephalitis Lethargica.
URBAN												
Bridgwater	0	32	10	0	0	1	0	0	0	13	0	1
Burnham	0	9	0	0	0	1	0	0	0	3	0	0
Chard	0	2	2	0	0	2	0	0	0	5	0	0
Clevedon	0	17	13	0	0	0	0	0	0	6	0	0
Crewkerne	0	1	0	1	0	0	0	0	0	1	1	0
Frome	0	29	0	0	0	1	0	0	0	0	0	0
Glastonbury	0	0	1	0	0	0	0	0	0	1	0	0
Ilminster	0	0	3	0	0	0	0	0	0	4	0	0
Minehead	0	1	0	1	0	0	0	0	0	0	0	0
Norton-Radstock	0	28	1	0	0	1	0	0	0	15	0	0
Portishead	0	2	15	1	0	0	0	0	0	2	0	0
Shepton Mallet	0	6	0	0	0	0	0	0	0	20	0	0
Street	0	2	0	0	0	0	0	0	1	5	0	0
Taunton	0	42	47	2	0	1	0	0	0	6	3	0
Watchet	0	0	1	0	0	0	0	0	0	0	0	0
Wellington	0	1	1	0	0	0	0	0	0	4	2	0
Wells	0	1	4	0	0	0	0	0	0	8	1	0
Weston-super-Mare	0	34	10	3	0	3	0	0	0	24	0	0
Yeovil	0	0	0	0	0	2	0	0	0	36	0	1
RURAL												
Axbridge	0	20	12	0	1	1	2	0	0	44	0	0
Bathavon	0	54	8	1	0	1	0	0	0	14	2	1
Bridgwater	0	10	1	0	0	1	0	0	0	3	0	0
Chard	0	6	2	0	0	0	1	0	0	16	1	0
Clutton	0	48	3	0	0	0	0	1	0	18	0	0
Dulverton	0	3	0	0	0	0	0	0	0	18	0	1
Frome	0	18	2	0	1	2	0	2	0	14	0	0
Langport	0	14	3	1	0	0	0	0	0	7	0	0
Long Ashton	0	87	28	1	0	0	0	0	0	15	0	0
Shepton Mallet	0	20	4	2	0	0	0	0	0	20	0	0
Taunton	0	6	5	1	2	0	0	0	0	2	0	0
Wellington	0	0	2	0	0	0	0	0	0	4	1	1
Wells	0	1	1	0	0	0	0	0	0	8	0	0
Williton	0	8	3	0	0	0	0	0	0	2	0	0
Wincanton	0	6	5	3	1	0	0	0	0	5	0	0
Yeovil	0	2	0	0	1	0	0	0	0	21	0	0
Urban Districts	0	207	108	8	0	12	0	0	1	153	7	2
Rural Districts	0	303	79	9	6	5	3	3	0	211	4	3
Administrative County	0	510	187	17	6	17	3	3	1	364	11	5

VENEREAL DISEASES.

The attendances of Somerset cases at the different Clinics for the year 1936 were as follows:—

Clinic.	New cases 1936	Attendances 1936	NEW CASES.				ATTENDANCES.		
			1933.	1934.	1935.	Increase or decrease during 1936.	1934.	1935.	Increase or decrease during 1936
Bath	15	196	11	17	9	+ 6	663	219	- 23
Bristol	47	586	63	72	56	- 9	797	754	- 168
Taunton	70	1,032	58	88	86	- 16	972	1,115	- 83
Yeovil	22	674	60	59	45	- 23	819	539	+ 135
Bridgwater	22	482	50	55	33	- 11	1,100	842	- 360
Frome	12	295	11	23	22	- 10	259	383	- 88
Glastonbury	9	252	19	19	28	- 19	351	352	- 100
Minehead	3	125	14	22	23	- 20	225	287	- 162
Weston-super-Mare	66	1,245	37	44	54	+ 12	1,198	1,056	+ 189
All Clinics	266	4,887	323	399	356	- 90	6,384	5,547	- 660

The figures show a decline in new cases (90) and in total attendances (660). This is not confined to any one clinic but is common to all, except Yeovil and Weston-super-Mare. For the past two years there has been a decline both in new cases and in total attendances. It is not easy to deduce whether this is a decline in usage or a diminution in prevalence, but probably there is a diminution of prevalence.

Medical Practitioners in the County qualified to receive supplies of arsenobenzol compounds can obtain them free of charge on request to the County Medical Officer. Only 23 Medical Practitioners are on this free list.

Bacteriological work in connection with venereal diseases is arranged for either in connection with Bristol University Laboratory or at the County Health Laboratory.

During the year the following samples were examined:—

Samples.	For Clinics and Hospitals.	For Medical Practitioners.	Total.
Wasserman ...	464	138	602
Gonococcus ...	384	69	453
Spirochetes ...	0	0	0
Fixation and other tests ...	64	1	65
	912	208	1,120

TUBERCULOSIS.

The work has proceeded steadily during the year along the approved and successful lines and there were no fresh developments of importance.

TABLE IV.

Year.	Phthisis Death rates.			Other Tuberculous Diseases			Tuberculosis Death-rate.	Deaths in a population of 406,000.	
	Rural.	Urban.	County.	Rural.	Urban.	County.	County.	Phthisis.	All Tuberculosis
1901	0.88	0.84	0.871	0.18	0.23	0.202	1.073	354	435
1902	0.86	0.89	0.877	0.20	0.19	0.201	1.078	356	437
1903	0.94	0.76	0.879	0.19	0.34	0.251	1.130	357	459
1904	0.99	0.97	0.989	0.20	0.34	0.255	1.244	402	505
1905	0.90	0.91	0.905	0.14	0.18	0.162	1.067	367	433
1906	0.90	0.86	0.890	0.13	0.37	0.221	1.111	361	451
1907	0.83	0.85	0.842	0.24	0.26	0.253	1.095	341	445
1908	0.91	0.93	0.922	0.24	0.31	0.274	1.196	375	485
1909	0.82	0.85	0.833	0.24	0.27	0.255	1.088	338	441
1910	0.98	0.78	0.912	0.16	0.24	0.197	1.109	371	451
1911	0.83	0.76	0.804	0.15	0.39	0.240	1.044	327	424
1912	0.69	0.90	0.778	0.17	0.20	0.191	0.970	315	394
1913	0.74	0.67	0.721	0.15	0.30	0.239	0.960	293	389
1914	0.86	0.79	0.833	0.21	0.26	0.232	1.065	338	432
1915	0.84	1.13	0.960	0.18	0.23	0.201	1.160	389	471
1916	0.75	0.97	0.838	0.16	0.25	0.194	1.032	340	418
1917	0.90	1.05	0.962	0.18	0.21	0.191	1.153	390	468
1918	1.09	1.30	1.180	0.21	0.24	0.225	1.403	479	569
1919	0.85	0.90	0.871	0.21	0.22	0.212	1.083	355	439
1920	0.65	0.93	0.765	0.14	0.27	0.196	0.961	310	390
1921	0.63	0.76	0.685	0.16	0.30	0.220	0.904	278	367
1922	0.75	0.78	0.761	0.18	0.18	0.180	0.941	309	382
1923	0.65	0.76	0.696	0.19	0.22	0.206	0.902	282	366
1924	0.60	0.74	0.656	0.15	0.13	0.140	0.797	267	324
1925	0.61	0.73	0.659	0.12	0.14	0.126	0.784	268	319
1926	0.53	0.54	0.533	0.13	0.14	0.138	0.671	217	273
1927	0.55	0.64	0.586	0.13	0.13	0.130	0.716	237	290
1928	0.59	0.71	0.639	0.08	0.16	0.113	0.753	259	306
1929	0.55	0.65	0.593	0.11	0.14	0.121	0.714	240	289
1930	0.54	0.52	0.532	0.09	0.09	0.091	0.623	216	253
1931	0.45	0.65	0.533	0.14	0.12	0.131	0.664	216	270
1932	0.50	0.62	0.554	0.12	0.10	0.115	0.671	225	272
1933	0.44	0.51	0.472	0.14	0.09	0.118	0.590	192	240
1934	0.38	0.48	0.426	0.12	0.09	0.106	0.533	173	216
1935	0.39	0.49	0.433	0.11	0.08	0.094	0.528	176	214
1936	0.30	0.42	0.354	0.07	0.11	0.086	0.441	144	179

The tuberculosis death rate is lower than for any previous year.

The actual results achieved are more clearly seen when the figures are calculated on a standard population of 406,000 (last column) which is nearly the Administrative County population. This column shows that as many as 272 fewer persons died of tuberculosis in the County in 1936 than would have been the case 30 years ago with the same population. Compared with an average figure of 454 deaths for a five year period 30 years ago the decline represents a reduction of 60 per cent.

For each of the last few years the tuberculosis death rate has been the lowest recorded but for 1936 the rate of drop has been considerably increased and the figures are remarkable.

The following figures show the deaths and notifications since 1918:—

TABLE V.

Year.	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Deaths.	480	388	358	350	366	354	317	312	268	287	305	290	253	268	273	239	215	213	178
*Notifi- cations.	949	922	860	882	732	707	701	769	729	703	713	605	640	585	565	479	511	459	395

*These are primary cases only and do not include institutional cases.
Of the 178 deaths from tuberculosis, 32 were not notified.

TABLE VI.

New cases of tuberculosis and deaths from the disease in the County during 1936.

Age Periods.	New cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F.	M.	F.	M.	F.	M.	F.
0—1	0	0	0	2	0	0	0	2
1—5	0	0	6	6	0	0	3	1
5—10	8	1	11	8	0	0	1	2
10—15	12	8	5	10				
15—20	16	10	6	4	7	14	4	4
20—25	14	24	4	5				
25—35	38	59	5	8	26	37	4	2
35—45	21	25	3	7				
45—55	26	17	2	2	26	25	4	4
55—65	9	4	1	1				
65 and upwards	3	2	0	2	3	5	2	2
Totals	147	150	43	55	62	81	18	17

TABLE VII.
Tuberculosis Notifications and Deaths.

URBAN DISTRICTS.	Number of primary cases notified.		Number of Deaths during the year from Pulmonary Tuberculosis.	Number of Deaths during the year from other varieties of Tuberculosis.	RURAL DISTRICTS.	Number of primary cases notified.		Number of Deaths during the year from Pulmonary Tuberculosis.	Number of Deaths during the year from other varieties of Tuberculosis.
	Pulm.	Non-Pulm.				Pulm.	Non-Pulm.		
Bridgwater	25	6	13	3	Axbridge	23	7	7	4
Burnham	6	1	3	0	Bathavon	18	8	8	0
Chard	4	1	2	1	Bridgwater	10	1	1	0
Clevedon	7	2	1	3	Chard	5	1	3	2
Crewkerne	3	1	4	0	Clutton	5	3	4	0
Frome	5	3	2	0	Dulverton	3	0	1	2
Glastonbury	4	0	2	0	Frome	3	3	3	0
Ilminster	1	1	2	0	Langport	5	3	6	1
Minehead	12	1	2	0	Long Ashton	15	9	12	0
Norton-Radstock	7	3	3	0	Shepton Mallet	11	4	1	2
Portishead	3	2	3	0	Taunton	12	7	4	2
Shepton Mallet	4	0	2	0	Wellington	4	0	3	0
Street	0	2	1	0	Wells	0	1	2	0
Taunton	15	3	14	8	Williton	5	2	1	1
Watchet	1	0	0	0	Wincanton	15	2	7	0
Wellington	4	3	0	0	Yeovil	13	2	4	1
Wells	5	2	3	0					
Weston-s-Mare	26	7	14	3					
Yeovil	18	7	5	2					
Totals	150	45	76	20	Totals	147	53	67	15

Sanatorium or Hospital treatment was given to 307 cases. In addition many open-air shelters were provided, those in actual use on December 31st, 1936, being 52. The number of shelters available is 62. Milk, for a period of six or eight weeks, was provided for 58 cases, Dental treatment for 6 cases, X-Ray examinations for 101.

Treatment by the use of artificial pneumothorax has been extended and the cases dealt with are shewn in the following table:—

	At Dispensary or home of patient.		At Institutions.	Total.
Primary inductions	5	26	31
Refills	189	503	692

The X-Ray work at Quantock Sanatorium consisted of 8 films taken and 488 screening of cases.

Unused buildings at Quantock Sanatorium were again utilised during 1936 as a Summer Camp. Children were selected who were predisposed to tuberculosis on account of general debility or undernourishment, with special attention to those from homes in which there was an active case of tuberculosis. Of such children, 40 girls and 40 boys, for four weeks and two weeks respectively, were given treatment under open-air conditions and on the lines of a holiday camp. The boys could only be taken for two weeks owing to staffing difficulties. The increase in weight and marked improvement in general health which resulted was again satisfactory. This work must be regarded as an important piece of tuberculosis preventive work. The Staff utilised was almost entirely voluntary.

During the year the use of the Mantoux test to judge infection with the tubercle bacillus was continued. The following two tables give the actual figures. The results obtained are of considerable value, chiefly in prognosis but to some extent in connection with treatment.

Contacts of a				Other Cases. Result.		Total.
T.B. + Case. Result.		T.B. - Case. Result.				
+	-	+	-	+	-	
31	5	11	46	45	101	239

AGE GROUPS.

0-11		12-15		Over 15		Total
Result		Result		Result		
+	-	+	-	+	-	
70	121	18	24	2	4	239

TABLE VIII.

All cases under treatment. Complete results as regards working capacity.

All years, (1912-1935).		Cured.	Working.	Not Working.	Dead.	Lost sight of or Removed.	Total cases.
Men	Cases	1,142	336	266	1,630	669	4,043
	Percentage	28	8	7	40	17	
Women	Cases	1,292	450	261	1,456	755	4,214
	Percentage	31	11	6	34	18	
Children	Cases	1,944	361	96	194	474	3,069
	Percentage	63	12	3	6	16	
Un- Classified	Cases	0	0	0	124	229	353
	Percentage	0	0	0	35	65	
Total	Cases	4,378	1,147	623	3,404	2,127	11,679
	Percentage	38	10	5	29	18	

TABLE IX.

Admissions to Sanatoria during 1936.

Sanatorium.	Men.	Women.	Children.	Total.
Quantock	59	59	—	118
Chard	14	43	1	58
Taunton	20	11	—	31
Wincanton	23	—	—	23
Compton Bishop	—	—	48	48
Alton Hospital	—	—	2	2
Bath Ortho. Hospital	5	4	13	22
Swanage Red Cross do.	—	—	3	3
Wells Cottage Hospital	1	1	—	2
	122	118	67	307

TABLE X.

Cases treated through the County Dispensaries.

Dispensary.	Persons treated at Dispensaries during 1936.		Under treatment at Dispensaries Dec. 31st, 1936.		Total Dispensary Attendances 1936.	Total Persons examined 1936.
	Insured.	Uninsured.	Insured.	Uninsured.		
Bath (County)	5	19	—	4	227	93
Bridgwater	36	106	9	27	737	309
Bristol	1	35	—	6	230	75
Chard	6	48	5	3	193	77
Clevedon	16	37	16	32	390	106
Frome	16	4	2	10	185	58
Glastonbury	2	18	2	6	197	78
Langport	13	37	7	25	273	93
Minehead	29	117	7	24	560	222
Radstock	9	31	8	24	343	118
Shepton Mallet	4	18	1	6	171	70
Taunton	50	169	14	88	1008	420
Wellington	32	44	12	14	278	102
Weston-super-Mare	16	77	6	38	898	339
Wincanton	5	17	1	7	150	79
Yeovil	41	63	10	18	798	341
	281	840	100	332		
	1,121		432		6,638	2,580

TABLE XI.

Table showing the work of the Dispensaries during the Year 1936.

DIAGNOSIS.	PULMONARY.		NON-PULMONARY		TOTAL.		GRAND TOTAL.
	Adults.	Children.	Adults.	Children.	Adults.	Children.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
A.—NEW CASES examined during the year (excluding contacts)—							
(a) Definitely tuberculous	95 103	7 5	11 12	17 11	106 115	24 16	261
(b) Diagnosis not completed	— —	— —	— —	— —	— 3	— 5	8
(c) Non-tuberculous	— —	— —	— —	— —	142 183	127 105	557
B.—CONTACTS examined during the year—							
(a) Definitely tuberculous	3 3	1 2	— —	1 4	3 3	2 6	14
(b) Diagnosis not completed	— —	— —	— —	— —	5 3	2 2	12
(c) Non-tuberculous	— —	— —	— —	— —	45 94	119 124	382
C.—CASES written off the Dispensary Register as—							
(a) Recovered	40 79	18 18	6 6	25 21	46 85	43 39	213
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	— —	— —	— —	— —	191 281	247 230	949
D.—NUMBER OF CASES on Dispensary Register on December 31st—							
(a) Definitely tuberculous	563 643	115 94	38 70	139 108	601 713	254 202	1,770
(b) Diagnosis not completed	— —	— —	— —	— —	5 6	2 7	20
1. Number of cases on Dispensary Register on January 1st ..	1,867		2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years				22
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	46		4. Cases written off during the year as Dead (all causes)				125
5. Number of attendances at the Dispensary (including Contacts)	6,638		6. Number of Insured Persons under Domiciliary Treatment on the 31st December				54
7. Number of consultations with medical practitioners— (a) Personal (b) Other	504 1,699		8. Number of visits by Tuberculosis Officers to homes (including personal consultations)				888
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	12,054		10. Number of— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connexion with Dispensary work ..				541 101
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	3		12. Number of "T.B. plus" cases on Dispensary Register on December 31st				529

Dr. Short, County Tuberculosis Officer, has drawn up the following remarks dealing with the treatment given under the County Council scheme and the results obtained.

Tuberculosis Officer's Clinical Report for 1936.

The year was a sunless and cold one, and many of the cases were kept indoors more than is usually necessary. The pulmonary cases were not affected so badly by this as the non-pulmonary cases, who missed their sun-bathing and were depressed in consequence.

In spite of this handicap, it was possible to write off 213 cases as cured, no signs of active T.B. having been detected after several years observation. This is the largest number recorded in any one year.

Another gratifying feature of the year was the decreasing number of fresh cases notified as Tuberculous—the smallest number of recent years—and a drop from 37 to 32 in the number of these seen for the first time who were already in an advanced and hopeless condition.

The general practitioners of the County are using the Tuberculosis Officers more and more as consultants, and this fact, with the increasing use of Artificial Pneumothorax, keeps us very busy.

The decreasing death rate indicates that patients are living much longer than they used to, and this might be regarded as a danger to others but for two ameliorating factors: One is that home supervision by the Health Visitors is increasingly efficient and the other is that the new methods of treatment—Collapse therapy and Gold injections—both caused marked reduction in the amount of sputum and also tend to keep the sputum free from tubercle bacilli.

I have again to record the most valuable assistance so willingly given by the Care Committees throughout the year.

The new cases seen numbered 1,256, and were classified as follows:—

PULMONARY TUBERCULOSIS.		T.B. Negative	...	...	111	
		T.B. Positive Stage 1	...	...	11	
		T.B. Positive Stage 2	...	...	87	
		T.B. Positive Stage 3	...	...	32	
						241
NON-PULMONARY TUBERCULOSIS.		Bones and Joints	...	...	16	
		Abdominal	...	...	17	
		Other Organs	...	...	3	
		Peripheral Glands	...	...	20	
						56
Not Tuberculous		...	...	...	...	939
Diagnosis not completed on 31st December, 1936		...	...	...	...	20
						1,256

L. J. SHORT.

Quantock Sanatorium. The Medical Superintendent, Dr. V. C. Martyn, has furnished the following Report:—

The Sanatorium has been open for the reception of 68 cases (33 male and 35 female) throughout the year 1936, with the exception of the period 15th July to 22nd September when, owing to extensive redecoration of the wards, etc., 25 women patients were accommodated in the Mid-Somerset Smallpox Hospital. During the year 118 cases have been admitted, of whom 59 were males and 59 females. 118 patients were discharged, 57 male and 61 female. 6 cases were not tuberculous. The average stay for female patients was 201 days and for male patients 198 days. This is an average of about 29 weeks for each patient.

Treatment was carried out as in previous years, *i.e.*, by rest, graduated exercise and work, with good plain food under open-air conditions. Sanocrysin has been used for those cases which were suitable for this form of treatment and in many cases has given very good results.

Artificial Pneumothorax. There were 20 inductions attempted; of these 9 were either unsuccessful or had to be abandoned, the remainder are, I believe, doing well. There were 251 refills for in-patients and 40 for out-patients, a total of 291. There were also two aspirations and replacements by air.

The Amusement side of the Sanatorium life is very important, and besides billiards and billiard matches, concerts, pantomimes, whist drives, etc., are arranged and much enjoyed. Mr. Phillips, junr., one of the Honorary Dental Surgeons, has very kindly brought out sound films on behalf of Toe H. These were greatly appreciated.

I wish to thank Dr. Meeredy, the matron, sister and nursing staff, as well as the Gardeners and engineering staff, for their great help and loyal co-operation in the work for the patients.

RESULTS OF TREATMENT.

WEIGHTS.

Increase in weights in Kilos. (1 Kilo=2.2 lbs.)

		1—6	6—12	12 and over.	Total.
Males	... ..	23	17	5	45
Females	... ..	26	16	2	44

The average gain in weight of all patients (102) weighed on discharge = 5.06 kilos.

„ „ of 50 male patients „ „ = 5.75 „

„ „ of 52 female patients „ „ = 4.40 „

The average loss in weight of 14 patients weighed on discharge = 2.83 „

Eight patients were not weighed on discharge. The average gain in weight of 102 patients weighed on discharge during 1935 was 5.47 kilos. In 1936 the average gain in weight of 102 patients was 5.06 kilos, showing a loss of 0.41.

Working capacity of patients on admission and discharge.

		Full Working Capacity.		Fit for light work.		Unfit for work.	
		Admission.	Discharge.	Admission.	Discharge.	Admission.	Discharge.
Males	...	0	28 = 51.85%	0	6 = 10.90%	54	20 = 36.36%
Females	...	0	36 = 62.06%	0	4 = 6.89%	58	18 = 31.03%

On admission 100 per cent. were unfit for any work. On discharge 57.14 per cent. of all patients were fit for full work; 8.92 per cent. for light work; and 33.92 per cent. were unfit for work.

Classification on admission of patients discharged during 1936.

Classification.	M.	F.	Total.	%	Tubercle Bacilli.			
					Positive.		Negative.	
					M.	F.	M.	F.
Early ...	3	9	12	10.71	0	0	3	9
Intermediate ...	48	46	94	83.93	28	19	20	27
Advanced ...	3	3	6	5.36	3	3	0	0

Complications presented by patients were:—Pleurisy, Phlebitis, Larynx infection, Bronchitis, Ischio-rectal Abscess, Sinus on Sternum, Bronchiectasis, Pleura, Abdomen, Pregnancy, Nephritis, Cerebral Hæmorrhage, Dysmenorrhœa, Empyema, Peritonitis, Neurasthenia, Rheumatism, Asthma, Morbus Cardis.

Chard Sanatorium. The Visiting Tuberculosis Officer, Dr. D. B. Pascall, has furnished the following report:—

The Sanatorium was open for the whole of 1936 and the accommodation provided has been the same throughout the year, 28 beds for surgical cases, half male and half female, and 20 beds for female pulmonary cases. During the year 13 men and 40 women were admitted; 8 men and 28 women were discharged and in addition 10 women died.

The results from Miss Forrester-Brown's surgical cases have been most encouraging. Treatment has been carried out with rest, sanatorium regime, reinforced with gold treatment and pneumothorax treatment where considered advisable. Six cases had an artificial pneumothorax induced, in one case combined with phrenic evulsion, and all benefited; one other case was attempted but failed owing to adhesions. In addition, one gas replacement and 154 refills were done in the year.

The X-Ray plant has worked satisfactorily throughout the year; 290 films have been taken and there have been 150 screenings.

A Patients' Welfare was started and carries on. A Concert and Bazaar started the fund and some income is derived from the patients themselves providing teas on visiting days for their visitors. At the end of the year the patients also started a magazine which I hope will continue, and be a success. Concerts and entertainments have been arranged by the Matron from time to time and we are all grateful to those who helped to make them successful.

TREATMENT WITH ARTIFICIAL LIGHT.

This work is being carried out under the Tuberculosis, Education and Maternity and Child Welfare Schemes. Four light treatment centres were in use during 1936 and 297 clinics were held. The new cases seen were 93, while the total attendances were 2,263. Of the cases, 17 were tuberculosis. The details are given in my Report for 1936 as School Medical Officer.

TABLE XII.

QUANTOCK SANATORIUM.

Duration of Treatment and Condition on Discharge.

	Under 3 months.									3—6 months.						6-12 months.						More than 12 months.				Totals.			Grand Totals.
	3 months.			3—6 months.			6-12 months.			More than 12 months.			Totals.			Ch.	F.	Ch.	F.	Ch.	F.								
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.							M.	F.	Ch.					
Class TB Minus.	Quiescent	4	7	0	7	7	0	12	14	0	0	3	0	23	31	0	54												
	Not quiescent	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	2												
	Died in Institution	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1												
Class TB + Group 1.	Quiescent	0	0	0	0	0	0	2	2	0	0	0	0	2	2	0	4												
	Not quiescent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
	Died in Institution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
Class TB + Group 2.	Quiescent	1	1	0	3	1	0	6	7	0	2	0	0	12	9	0	21												
	Not quiescent	0	2	0	4	1	0	1	3	0	2	0	0	7	6	0	13												
	Died in Institution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
Class TB + Group 3.	Quiescent	2	0	0	0	0	0	0	2	0	1	0	0	3	2	0	5												
	Not quiescent	2	2	0	2	1	0	1	1	0	1	0	0	6	4	0	10												
	Died in Institution	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1												
		111																											

In 40 out of 55 men discharged the disease was quiescent = 72.73 per cent. In 44 out of 56 women discharged the disease was quiescent = 78.57 per cent. 11 cases who had been admitted for observation were discharged: 5 were found to be tuberculous and are included in the above figures. The remaining 6 cases were discharged as being non-tuberculous.

MATERNITY AND CHILD WELFARE.

In last year's report I discussed the work in detail and reference should be made to this report for details of any particular service.

The Midwifery Service. The year was noteworthy for the passing of the Midwives Act, 1936. The changes resulting will be dealt with in next year's report. Its practical effect is that the provision of an adequate midwifery service is now the obligation of the Local Supervising Authority, who have either to provide a service of their own or make suitable arrangements for other bodies to do so.

The number of certified midwives who gave notice of their intention to practise during 1936 was 335, consisting of 334 trained and 1 "bona fide" midwife.

The percentage of 1936 births in the County attended by midwives as midwives was 58.5, the remaining 41.5 per cent. being, for the most part, attended by medical men, a very small but uncertain proportion being attended by uncertified women.

During the year 867 visits of inspection were made to midwives, representing an average of 3.3 visits to each midwife.

Summary for all Midwives during the year.

Cases attended as Midwife	...	...	3,113
Cases attended as Monthly Nurse	...	...	1,490
Doctor sent for for Mother	...	...	1,125
Doctor sent for for Child	...	...	218
Stillbirths	...	...	76
Death of Mother	...	...	19
Death of Child	...	...	37

A doctor was called in under Section 14 of the Midwives' Act in 43.1 per cent. of midwives' cases.

During the year 1,036 doctors' accounts were paid under the contributory scheme, at a cost of £1,476 6s. 6d., while the contributory fees were £650 15s. 6d., the deficit payable by the County Council being £825 11s. 0d. The average doctor's fee per case was £1 8s. 6d. Fees amounting to £90 1s. 0d. were paid in 68 cases not coming under the scheme, and of this £37 13s. 6d. was recovered. Apart from the Central Office Expenses, the cost of working this section of the Midwives' Act for 1936 was, therefore, £877 18s. 6d. This is £55 14s. 0d. less than last year.

Ante-Natal and Post-Natal Work.

Most of the Infant Welfare Centres have now started ante-natal clinics. Those at work in the areas included under the County Council Scheme are Bridgwater and Clevedon, run directly by the County Council, and Chard, Chewton Mendip, Crewkerne, East Harptree, Frome, Glastonbury, Minehead, Pill, Shepton Mallet, Street, Wellington, and Wells, managed by Voluntary Associations.

An important contribution to this work is made by our *Flying Clinics* (see page 29). Ante-natal and post-natal examinations are being more and more required and given at these clinics. In 1935 the ante- and post-natal examinations were respectively 115 and 69, in 1936 they were 74 and 42. These clinics enable the midwives to feel that they have available medical advice for difficult cases and also for routine cases. Outside these clinics many patients are referred for definite defects (such as albuminuria) to medical practitioners by the midwives, payment being forthcoming under the Midwives Act.

These various arrangements offer reasonably adequate facilities for ante-natal examinations, and are capable of expansion if required.

Arising out of such work it is necessary to have available institutions to which cases can be sent when special treatment is required. Arrangements have been made with four maternity homes in the County to take in cases at the cost of the County Council, when sent for certain special conditions such as abnormality of the mother or suspected difficult confinement or unsuitable or very inaccessible home. The maternity homes at which arrangements have been made for County Council cases are the following:—Bridgwater, Taunton, Wellington and Yeovil, while cases were sent to Bristol General Hospital, Bristol Royal Infirmary, Royal United Hospital, Bath, and several voluntary hospitals in the County.

During the year, 110 applications were received for assisted admissions to a maternity home or hospital. Of these 50 were accepted and 60 refused. The reasons for admission in the 50 accepted cases were:—

Actual or anticipated obstetric difficulty ...	22
Medical complication	25
Home very insanitary or inaccessible ...	7
Illness of Midwife	1

(In 5 cases there were 2 difficulties.)

The treatment and results were as follows:—

Pre-natal rest and nursing	16
Medical treatment and nursing	14
Surgical or obstetric measures	20

All the mothers made good obstetric recoveries, though 11 remain in poor health. 54 babies were born, of whom 12 did not survive.

Post-natal work has not so far been much developed in the County. Detailed post-natal examinations, *i.e.*, of the mother after recovery and before she returns to the full activities of daily life, are desirable and can avert subsequent disability and suffering. They should be included as part of the work of the Infant Welfare Clinics.

In earlier years some money has been available for dentures for nursing and expectant mothers and this was continued during the year. In the early part of 1936 a dental clinic for these cases was opened at Glastonbury, held every alternate Saturday morning. This has been very popular, and 73 new cases have been seen with 276 attendances. 40 cases have been recommended for dentures. A second clinic at Frome was opened early in 1937.

Maternal Mortality. This is included in two groups in the Registrar-General's returns and is so included in Tables A. and B. The two groups are "Puerperal Sepsis" and "Other Accidents and Diseases of Pregnancy and Parturition."

The deaths from these causes for each of the last 20 years are shown in the following Table:—

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Puerperal Sepsis ...	4	8	6	9	5	2	4	5	10	6	12	14	8	12	11	5	5	9	9	12
Other Accidents and Diseases of Pregnancy & Parturition	17	20	9	21	22	15	13	19	16	15	11	12	13	13	14	19	18	9	10	18
TOTAL ...	21	28	15	30	27	17	17	24	26	21	23	26	21	25	25	24	23	18	19	30
Rate per 1,000 Births	3.90	5.14	2.64	3.63	3.60	2.45	2.49	3.69	4.21	3.46	3.83	4.36	3.69	4.31	4.84	4.31	4.45	3.28	3.71	5.64

It will be noted that the maternal mortality rate was exceptionally high. Inquiries were made in each case and no special reasons can be given for the increase, which I anticipate is only temporary.

During the year 6 cases of Puerperal Fever and 48 cases of Puerperal Pyrexia were notified. Arrangements have been made with different Hospitals to take in County cases and facilities are offered. During 1936 twelve cases were so admitted. The Hospitals with which arrangements have been made are the following:—

Bath Royal United Hospital, Bridgwater Hospital, Bristol Royal Infirmary,
Chard Hospital, Minehead Isolation Hospital, Yeovil Hospital.

Inadequate accommodation is available in the Taunton area as the Somerset and Taunton Hospital will not admit these cases. To rectify this bed shortage the extensions of the Taunton and District Isolation Hospital include the provision of a special block containing 3 beds, separate labour ward, etc., for Puerperal Sepsis cases. The erection was put in hand during 1936 but not completed until the middle of 1937.

Care of Infants and Children under School Age. While Infant Welfare Centres are very useful and capable of doing valuable work the claim, so frequently advanced, that they are the essential and all important feature cannot be accepted. The core and essence of any work must be the supervision and care over this child group exercised in the homes by people trained to do this work. Infant Welfare Centres are really ancillary agencies.

(a) **Visits and advice in the homes.** Most of this work is carried out by district nurses, a smaller part by the whole time Health Visitors. The proportions of births so distributed during 1936 was as follows:—

			Rural.	Urban.	Total.
Whole-time County Staff	...	...	110	324	434
District Nurses	...	...	2,802	1,076	3,878
			<u>2,912</u>	<u>1,400</u>	<u>4,312</u>

During the year arrangements were authorised to continue visiting in all cases up to school age instead of as at present limiting this further supervision over two years old to special cases.

(b) **Infant Welfare Centres.** At the end of 1936 the Centres in the County, exclusive of those at Yeovil, Taunton and Weston-super-Mare which are outside the County Scheme, so far as I am aware, were:—

Centre.	Day of week open.	Frequency of Meetings.
X Bridgwater	Friday	Every week.
Chard	Friday	1st and 3rd Friday in every month. Doctor 1st Friday.
Chewton Mendip	Wednesday	Wednesday. Twice a month. Doctor once a month.
Clevedon	Thursday	Every Thursday except 1st in month. Doctor last Thursday each month.
Crewkerne	Tuesday	Alternate weeks.
Curry Rivel	Thursday	1st Thursday in each month.
Frome	Tuesday	Every week. Doctor once a month.
Glastonbury	Wednesday	1st and 3rd Wednesday each month. Doctor 1st Wednesday.
Harptree	Tuesday	Alternate weeks.
Kilmersdon	Wednesday	Alternate weeks. Doctor once a month
Long Ashton	Monday	Alternate weeks. Doctor once a month.
Minehead	Tuesday	Every week. Doctor 1st Tuesday in every month.
Pill	Wednesday	1st and 3rd Wednesday in every month.
Portishead	Friday	Alternate weeks.
Shepton Mallet	Friday	Twice monthly and also twice monthly ante-natal.
Street	Wednesday	Every week. Doctor alternate weeks.
Wellington	Thursday	Every week. Doctor alternate weeks.
Wells	Tuesday	2nd and 4th Tuesday in every month. also ante-natal 1st Tuesday.
Wraxall	Friday	1st and 3rd Friday in every month Doctor once a month (1st Friday).

The Centre at Bridgwater is the only one for which the County Council is directly responsible, but grants are paid to nearly all the others by the County Council.

A separate ante-natal clinic is held at Clevedon by Dr. Pringle. 10 sessions were held during the year, 10 different cases attended with 11 attendances.

Bridgwater Infant Welfare Work. As a County Council Centre this is considered separately. The following gives some particulars of the work.

Births. During 1936, the number of births notified in the Borough (including still-births and cases later transferred to other districts) was 396; of these 362 were attended by midwives. A doctor was called in to help the midwife in 63 cases. 18 babies died during the year, a rate of 65.0 deaths per 1,000 births.

<i>Home Visiting.</i>	No. of children on visiting list	...	...	...	...	689
	Total visits paid to infants	...	...	...	...	4,595
	Ante-natal visits paid	...	...	...	...	150
	Total visits paid during 1936	...	...	...	...	4,745

Milk Grants. 79 grants were made, at an estimated cost of £171. As far as possible it is made a condition that cases receiving milk attend at the Centre so that the benefit of the grants can be estimated. Were it not for the milk grants a very considerable number of mothers would be unable to breast feed who now do so.

<i>Centre.</i>	Number of individual children who attended the Centre	...	...	385
	Number of individual mothers who attended the Centre	...	...	342
	Average weekly attendance of children (under 1 year)	...	...	35
	Average weekly attendance of children (1 to 5 years)	...	...	50
	Average weekly attendance of mothers	...	...	50
	Total number of attendances (children 1,719; mothers 1,051)	...	...	2,770
	Total number of medical consultations for infants	...	...	466
	Total number of medical consultations for women (excluding ante-natal)	...	...	83

The medical work was carried out by Dr. Halliday.

Ante-Natal Work. This was carried on throughout the year both by home visits and by inviting attendance at the Ante-Natal Centre once a month. The total attendances were 84 with 66 women attending. Maternity bags are loaned in suitable cases.

The figures show a further decrease, but this does not of necessity mean any falling off in the work of the Centre, because steps are always necessary from time to time to try and keep the Centre for people needing it and discourage its use as a social centre.

The Centre continues to do very valuable work, but this is greatly hindered by very defective premises and by a shortage of voluntary workers. No Superintendent of the Centre has been found since Mrs. Warry resigned. The educational work is hampered by the unsatisfactory arrangements for the toddlers. They mostly have to be with the mothers during talks and it is then very difficult to get and to retain the attention of the mothers.

The erection of the new building for this and other Public Health work in Bridgwater was started towards the end of the year.

(c) **Treatment and supervision of abnormal children.** These are dealt with in various ways. It is the duty of the Infant Visitors to report all infants not progressing properly and those with definite abnormalities. Many are seen by Dr. Halliday, and the appropriate treatment advised, some are seen by other members of the Staff, a few are referred to Infant Welfare Centres. A certain number have been seen by the County Oculist, as squint cases, and the appropriate treatment given. It is not contemplated to give treatment out of County funds, but the aim is that all children not progressing properly should come under review at the Health Department with the object that adequate treatment, if treatment is necessary, should be advised.

645 reports were received, including a few from doctors or through the Orthopaedic Centres. They include a miscellaneous series of conditions and no scientific classification is possible. They have been grouped under the headings shewn in the table which gives an idea of the conditions to be dealt with.

TABLE XIII.

CONDITION.	No. re-reported	ACTION TAKEN				RESULT					
		Seen at Flying Clinics.	Extra Nourishment.	Treatment by County.	Treated Privately or at local I.W.C.	Improved.	Still under Treatment & 'recent'	Not Improved.	Moved.	Died.	Refusing Treatment
Malnutrition	106	53	94	4 (a) 2 (d) 1 (e) 2 (f)	8	39	63	1	3	—	—
Rickets { early	37	24	23	1 (a)	11	18	19	—	—	—	—
	with deformity	22	13	2 (f) 1 (a)† 22 (c)†	5	—	—	—	—	—	—
Debility	86	41	74	9 (a)	16	57	25	—	2	2	—
Catarrhal	54	23	52	1 (d)	6	11	42	1	—	—	—
Minor Postural Defects ..	41	27	17	6 (c)†	4	17	17	—	—	—	1
Orthopaedic	74	33	7	64 (c)†	27†	4	—	—	1	—	2
Eye Defects (squint 74, other 3)	77	47	—	61 (b)†	8†	6	—	—	—	—	2
Tonsils, Otorrhoea, etc. ..	47	19	11	3 (d) 1 (T&A)	36	36	11	—	—	—	—
Other defects	101	41	10	4 (a) 4 (c)† 1 (f) 2 (g)	46	38	42	11	1	5	—
Totals	645	321	294	191	167	226	219	13	7	7	5

† Results not entered here.

(a) Mary Stanley Home.

(b) County Oculist.

(c) Orthopaedic Clinic.

(d) Referred to Tuberculosis Clinics.

(e) Public Assistance Institution.

(f) Nursery Treatment.

(g) V.D. Clinic.

The classified headings as before seem each to represent a definite group of cases.

Under mal-nutrition are grouped children who fail to gain weight, and there is a constant supply of these, whose weight remains stationary for months at a time. Most of these are in poor families, *i.e.*, those whose income is well within the scale for free grants. A few are children whose diet is badly balanced, or who do not get sufficient rest, but poverty is also present.

The supply of children with bony rickety deformities remains about the same. In every case a survey of the previous history has been made and in very few has there been evidence of gross wrong feeding or bad hygiene. In many the home has been exceptionally good. The clinical reports frequently note "nutrition good," "teeth good," "chest well developed," in association with severe deformity of the legs. On the other hand, many poorly nourished children fail to show bony deformity.

An important weapon in improving nutrition is the authorisation of the County Council to make Milk Grants. Throughout the year milk was granted to necessitous cases under the Milk (Mothers and Children) Orders of the Ministry of Health. Grants were made to 2,455 cases, at an estimated cost of £834. Last year £712 was spent. The grants are carefully made and supervised, and given as allowances for specific public health purposes. Of the grants made, about 30 per cent. were to expectant mothers, 40 per cent. to nursing mothers, and 30 per cent. to children under five years of age. Great care is taken to prevent abuse and to see that the milk is taken only by the person for whom it is intended.

In addition to the cases in the table, reports were received from Infant Visitors on 50 cases of transitory illness, difficult feeding, etc. These were dealt with by milk grants, advice by letter or at flying clinics, etc., and usually a further report was received that conditions were now satisfactory. These are not included in the table.

The table shows that many children get treatment with maltoline, oil and malt, etc., or are given treatment through one or more of the various County Schemes. For others it is only necessary to keep them under special observation. The number dealt with through their private doctors is increasing. More children are being referred by doctors to the County Health Visitors or to Infant Visitors for help with extra-nourishment, regulation of diet, etc., while the doctor provides any medical treatment required. It is to be hoped that this friendly co-operation will continue to develop.

Baby Hospital, Bridgwater. At the beginning of 1936 there were 6 babies in the ward and during the year 20 were admitted.

The nature of the defects for which the babies were admitted were:—Prematurity 5; dyspepsia 3; gastro-enteritis 3; mis-managed feeds 4; rickets 2; Pink disease 1; acidosis 1; intestinal obstruction 1.

Of these cases, 1 died six days after admission, one after a fortnight, and 3 babies were still in the Hospital at the end of the year. The other 21 were discharged improved, and in nearly all of them our reports show that progress has been maintained. The average length of stay has been nearly 12 weeks. This little ward has been found most beneficial, and great credit is due to the Sister in charge for her devoted care of the individual babies.

Institutional treatment for children aged 1-5 years. The Baby Hospital is mainly for children under one year of age and no child over two is admitted.

Several homes are available, but all were sent during 1936 to one home at Wells which we have found to be very satisfactory. Eight children were sent to this home, the average length of stay being 14 weeks. The cost for the 8 children was £98. Seven suffered from malnutrition, generally associated with some other condition either as the cause, or on the other hand as an effect of the malnutrition. Three were mismanaged at home, two had middle ear disease, one chronic eczema, one blepharitis. All improved while at the home. At the end of the year 3 were still there, while the 5 discharged cases showed sustained improvement.

Ophthalmia Neonatorum. During the year 17 cases were notified. The distribution of the cases is shown in Table III. Under the Public Health (Ophthalmia Neonatorum) Regulations, 1926, three cases were sent to Hospital under the County Council Scheme. All the cases are followed up for long periods, to ascertain if there is any impairment of vision. All cleared up completely.

Flying Clinics. To enable these abnormal children to be seen, to give advice to ante-natal cases, and to help and encourage Infant Visitors in their work, the system of special occasional clinics by Dr. Halliday, and other medical members of the Staff, has been continued. This system of "*flying clinics*" is, I believe, the best method for dealing with the medical supervision of maternity and child welfare work in rural areas. It is, in my opinion, neither practicable nor desirable to have a system of small infant welfare centres covering the County, and I regard the system of flying clinics as far superior.

These clinics are not fixed in most instances, but are arranged irregularly as occasion arises and held at any convenient place. The occasion for holding a clinic may be a request from the Infant Visitor for advice for one or more cases, advice for any expectant mother, or our opinion that a local clinic would help to stimulate and assist the nurse-midwife, who is the Infant-Visitor. At the clinic the Infant Visitor presents such of the infants and children under three years, about whom she is not satisfied as to their progress, mothers who seek medical advice for their children, possibly one or more expectant mothers. The Medical Officer also takes the opportunity to discuss the work and any difficulties. The method of procedure varies from the collection of a dozen or more children at the nurse's house, or at a room taken for the purpose, to the visiting of several scattered families in their own homes.

These clinics have the great advantage over ordinary centres that there is a close association between them and the work of the Infant Visitor, also the cases which require supervision are all visited, not merely the children seen whose mothers bring them to the centre. As is well-known one considerable drawback of Infant Welfare Centres is that so often the very cases which should attend do not do so. With our "*flying clinics*" these are visited, if necessary in their homes, and all the circumstances are reviewed.

In quite a number of cases we are finding that the visits are so welcome and helpful that they are repeated at short intervals, and an irregular kind of centre is established. For example, at Banwell Dr. Pringle has developed a clinic which meets monthly. At this centre 75 individual children have attended with a total of 203 attendances. Ten ante-natal cases have been brought forward for examination and advice. It has also been utilised to see 50 children of school age.

The work done at these Flying Clinics is shown in the following table:—

Medical Officer.	Infant Visitor districts visited.	Sessions held.	Numbers seen.				Total.
			Infants under 2.	Children 2-5.	Ante-natal	Post-Natal and others.	
Dr. H. R. Dugdale	2	2	1	6	—	2	9
Dr. D. G. Evans	37	67	397	328	8	7	740
Dr. H. M. Halliday	75	92	512	300	47	69	928
Dr. G. H. Pringle	28	63	338	282	16	67	703
Dr. H. A. Raeburn	14	22	152	166	3	4	325
Totals ..	156	246	1,400	1,082	74	149	2,705

Birth Control. This is conducted along the restricted lines authorised by the Public Health Committee. Applications for the most part go direct to Dr. Halliday. During the year 19 applications were received, of which 11 were seen and advised personally by Dr. Halliday; 2 were advised by another Medical Officer; 6 were referred to other clinics.

Nursing and Maternity Homes. At the end of the year the number of homes on the Register was 42. They were all visited from time to time by Dr. Halliday, Miss Stewart or myself to see that the premises are in order and the requirements of the County Council complied with as regards management.

Part I., Children Act, 1908. Since April, 1930, the supervision of children under seven maintained for reward, apart from their parents, has been transferred to the County Council and is administered by the Public Health Committee. All the Health Visitors have been appointed as Infant Life Protection Visitors, and this work has been organised in the County Health Department.

The passing of the Children and Young Persons Act, 1932, made a number of alterations as regards details, but has not affected the general principles of administration. For example, the age has been raised from 7 to 9 years, so more children are included and for a longer period, earlier notices of taking a child under the Act have to be given, while certain exemptions from supervision are removed.

The children on our Register, at the end of 1936, number 217, and as regards methods of payment, may be grouped as follows:—

Weekly payments in	...	...	...	...	...	192
Single lump sum payment	...	...	...	...	...	1
Otherwise paid for (mostly monthly or irregularly)	...	...	...	...	...	24
						<hr/> 217 <hr/>

Those for whom a lump sum has been paid require and receive special supervision.

The number of foster mothers with one child only is 114; with two children—17; with three children—3; with four children—2; with over 4 children—4.

The foster mothers who run a regular baby home are therefore few and those with over four infants are one at Taunton with 29 at the end of 1936 (authorised for 35); one at Bridgwater with 8 (authorised for 12); one at Wembdon with 5 (authorised for 8); one at Lower Enmore with 10 (authorised for 12).

TABLE XIV.
DEATHS UNDER 1 YEAR OLD.

URBAN.							RURAL.						
	Under 1 week.	1—4 weeks (inclusive)	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.		Under 1 week.	1—4 weeks (inclusive).	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.
Bridgwater	5	4	9	7	2	18	Axbridge	8	6	14	4	3	21
Burnham	2	1	3	0	1	4	Bathavon	12	1	13	2	2	17
Chard	1	0	1	1	0	2	Bridgwater	4	1	5	4	2	11
Clevedon	2	3	5	1	1	7	Chard	2	0	2	2	0	4
Crewkerne	2	0	2	0	0	2	Clutton	5	5	10	2	2	14
Frome	3	1	4	2	0	6	Dulverton	2	0	2	1	1	4
Glastonbury	1	0	1	1	0	2	Frome	1	1	2	2	0	4
Ilminster	0	0	0	0	1	1	Langport	4	1	5	2	0	7
Minehead	0	1	1	0	0	1	Long Ashton	8	0	8	6	1	15
Norton-Radstock	3	0	3	1	1	5	Shepton Mallet	3	3	6	0	0	6
Portishead	2	0	2	0	0	2	Taunton	9	2	11	3	0	14
Shepton Mallet	0	0	0	0	0	0	Wellington	3	0	3	0	0	3
Street	1	0	1	1	0	2	Wells	6	3	9	3	0	12
Taunton	15	1	16	2	1	19	Williton	2	2	4	4	1	9
Watchet	0	0	0	0	1	1	Wincanton	3	2	5	2	0	7
Wellington	1	1	2	2	0	4	Yeovil	3	0	3	5	1	9
Wells	2	2	4	1	0	5							
Weston-super-Mare	8	0	8	0	1	9							
Yeovil	1	0	1	2	0	3							
Totals	49	14	63	21	9	93	Totals	75	27	102	42	13	157

Rate of Infantile Mortality. This is the number of deaths under one year of age per 1,000 births, and for 1936 was 47.36. For 1935 the rate was 45.19, the lowest on record, and the present rate is also very low. The rate for England and Wales was 59. The rate in the rural areas was 52.12, and in the urban areas 40.87.

The Urban and Rural Rates are shown in Table II. and the causes of the 252 deaths in Table A (at the end of the Report).

Table XIV. shows the months of death. These figures do not always exactly correspond with those in Table A, as the latter is taken from the Registrar-General's figures, and this Table is from figures given by the District Medical Officers of Health, obtained from the local Registrars.

This Table shows that 165 of the 250 deaths under one year of age took place before the child was a month old. This is 66 per cent. and of these 75.2 per cent. took place before the infant was a week old. In other words, a large proportion of the deaths are pre-natal in origin and illustrates the importance of pre-natal work.

ORTHOPÆDIC SCHEME.

The County Scheme and the results of working during 1936 are described in considerable detail in my Report for 1936 as School Medical Officer.

The new cases seen and dealt with through the Clinics were as follows:—

Cases seen at the Clinics.

Tuberculosis of bones and joints	13
Spastic and other paralysis conditions	7
Infantile paralysis (poliomyelitis)	43
Osteo-myelitis	2
Congenital dislocation of the hip	6
Club foot	7
Other congenital deformities	40
Torticollis	9
Diseases and injuries to the toes	14
Scoliosis	9
Postural deformities:—	
General defects of posture	19
Flat foot (often with other postural deformities)	34
Knock knees (many old rickets)	35
Bow-legs	33
	<hr/>
	121
Rickets (not specially postural)	7
Injuries and accidents	10
Other defects and deformities	33
	<hr/>
	321
	<hr/>

The number of new cases seen is 17 less than in the previous year.

Great attention is paid to the prevention of crippling defects along the lines of the prevention of postural defects and their treatment in the very early stages, rickets prevention, and the prompt treatment of poliomyelitis before the paralysis has affected muscle utility or, when affected, to restore to use as completely as possible. Considerable steps are also in operation to reduce tubercular infections of bones and joints from human sources but not much is done to reduce bovine infections. The latter is mainly a national question and large scale measures are necessary.

HEALTH PROPAGANDA.

As in previous years, a great deal of work was done, most of it by Miss Sewell, B.Sc., the County Lecturer, but a good deal indirectly in various ways. Miss Sewell has devoted herself to the work with great energy and enthusiasm and has done excellent work.

The travelling Health Exhibition has again been found very useful but throughout the year we have been heavily handicapped by having no proper room in which to store and display it. It is impossible to check, preserve or increase the exhibits without such a room. Now that at last some accommodation has been granted I hope to improve it greatly and extend its usefulness.

During the year 17 centres were visited by the Health Exhibition. Five of these were Village Centres, 6 school open days and 6 were Urban Districts.

The school open days have been found to be very successful as the parents will come to the school. The children's work is also on view and a lecture is given, the whole meeting being over in about one and a half hours, so it is not too long for the mothers. In the case of the Village Centres, the Health Exhibition has twice been given in connection with the Women's Institute, their meeting that night being open to all.

As part of the Autumn programme, whole day Health Exhibitions have been given in six towns, *i.e.*, Bridgwater, Radstock, Portishead, Weston-super-Mare, Street and Ilminster, the Urban District Councils providing the Hall. Local organisations such as the District Nursing Association, the Infant Welfare Centre, the V.A.D., and the Ambulance Brigade have been asked to co-operate with demonstrations and competitions. The National Milk Publicity Council have been represented and their demonstrator has in each place given one or two milk cookery demonstrations during the day, and also (except in Bridgwater) a lecture to all school children over ten years on "Milk and Diet".

The Health and Cleanliness Council's Cinemotor has been in attendance at the Exhibitions at Portishead, Bridgwater, Radstock and Weston-super-Mare, and attracted large audiences to the Exhibitions.

Miss M. A. Smith organised displays by the local elementary school children of "Modern Physical Training and Posture Exercises" at each Exhibition, except Bridgwater where no space was available. These displays were of great interest to the parents and are a valuable stimulus to the Physical Training in the district.

The local Domestic Science Centres gave an Exhibition of Cookery reproducing the meals for one week for a working class family from the British Medical Association's book "Family Meals and Catering," the dishes being sold where possible.

A number of addresses were given at Infant Welfare Centres and thirty-three Centres were visited. Where the toddlers and babies can be kept separate from the mothers during the address the talks are a success, but we are now recognising this as an essential requisite. It is a question of adequate staff, sufficient room and a firm attitude on the part of the Superintendent.

I have again to record the considerable number of talks to Women's Institutes, where there was a definite demand for lectures. Thirty-five meetings were attended and lectures given. Several lectures were given to various other societies in villages during the year.

The nurses are still eager to attend Study Circle Courses and these were continued during 1936, three further centres being held. The meetings were held at Weston-super-Mare with an average attendance of 16; Minehead, average attendance 10; and Bath, average attendance 25. Books were supplied by the County Library and the College of Nursing, and the epidiascope was used at many of the lectures. Each course consisted of six lectures.

Great attention continues to be paid to the school side of propaganda work. Many lectures were given to teachers, while as part of the work 107 different schools were visited and either talks given or health teaching in the schools discussed. Two education tours were carried out by the Dental Board in the schools, the arrangements being made by Miss Sewell.

Lectures and coaching to the pupil-midwives at the Mary Stanley Home are now a regular feature of the work, and eight were given by Miss Sewell and as many by Dr. Halliday and other Health Department officers. The syllabus was simplified and their lecture note-books were corrected after each lecture, which was a great help as many of these pupils are very inexperienced at taking notes.

In addition, various other health propaganda activities have been carried out, including talks at Flying Clinics, at District Nursing Association meetings, while a new development was started at the end of the year—a talk during the dinner hour to factory workers.

The health journal "Better Health" has been continued throughout the year, and in addition to the ordinary health matters it always contains an article specially written by one of the County Staff with special reference to conditions in Somerset. Care is taken to supply it only to persons likely to be interested, and despite this restriction its circulation reaches nearly three thousand copies a month.

In addition to work specifically undertaken by Miss Sewell, a great deal of health propaganda work is performed by the County Health Department as part of its ordinary work. This especially applies to tuberculosis, infant welfare work and some aspects of school hygiene. This is always going on, while in addition there is a considerable sale or free distribution of health literature.

There is evidence of a real demand for information on health matters, *i.e.*, how to be healthy and how to keep healthy, and there is no doubt that our work meets a very real need. Just now, in view of Press publicity and other factors, requests are in particular asking for information as to Health Exercises and "Keep Fit" Classes, but this is only one side of health work.

Propaganda work is carried out by many voluntary bodies and special mention may be made of the Somerset Rural Community Council. Eight single lectures were given and one course of four lectures. The Cine-Motor Tour was conducted in co-operation with the Health Propaganda Officer, and it was possible to extend the tour to a fortnight, and to visit some of the more remote villages. Eleven of the performances were the responsibility of the Somerset Rural Community Council.

Mental Treatment Act, 1930.

Under the Act out-patient clinics have been established as set out below, while, by arrangement, the Mental Deficiency Acts Committee Inspectors are available to visit the homes and link them up with the Mental Hospitals.

Place of Clinic.	Started.	Medical Officer.	No. of sessions.	Somerset cases seen.	Av.attendance per session.
Taunton and Somerset Hospital.	April, 1931	Dr. F. H. Healey	25	45	8
Shepton Mallet and District Hospital.	April, 1931	Dr. A. Darlington	24	8	0.7
Weston-super-Mare Hospital.	December, 1932	Dr. J. McGarvey	23	14	1.8
Yeovil and District Hospital.	February, 1933	Dr. T. A. Danby	24	22	5

These clinics can be and are very useful, and it is regrettable that they are not used for a very much larger number of cases and with a broader appeal as regards the types of cases sent for consultation. They show a slight increase in the number of cases seen, the increase being mainly at the Taunton Clinic.

WATER SUPPLIES.

Steps to furnish all parts of the County needing it with an adequate supply of water have been actively continued during the year and marked progress has been made. I have set out below a summary of the present position as regards the adequacy of the water supply in the various areas.

At the end of last year there were nine Rural Districts which had transferred their water charges from a parochial to a district basis, a great advance in securing an adequately watered district. The position in the different rural districts at the end of 1936 was as follows:—

Areas on a District Basis.

Rural District.					Grants payable by C.C.		
					Estimated Deficiency.		1936-37.
					1936-37.	Future.	$\frac{1}{2}$ deficiency.
					£	£	£
Bridgwater	...	...	...	...	3,189	2,700	1,063
Chard	...	...	...	...	1,400	1,800	466
Clutton	...	...	...	...	4,000	3,600	1,333
Dulverton	...	...	...	...	544	570	181
Langport	...	...	...	...	2,151	3,309	717
Wellington	...	...	...	...	—	750	—
Taunton	...	...	...	...	1,303	1,501	435
Wincanton	...	...	...	...	4,765	4,400	1,589
Yeovil	...	...	...	...	3,900	4,845	1,300
Wells*	...	...	...	...	—	—	—
Shepton Mallet‡	...	...	...	...	—	—	—
					<u>£21,252</u>	<u>£23,475</u>	<u>£7,084</u>

* Figures not yet calculated; new basis not in operation during 1936.

‡ Figure for 1937-38 is £1,450.

Axbridge is also on a District basis, but arrived at in consequence of a private Act, and has not applied for a grant from the County Council. A parochial grant has been given for Puxton.

Areas on a Parochial Basis.

Bathavon	...	...	}	In these districts the numerous areas supplied by Water companies or private persons make a district scheme difficult. Grants on a parochial basis have been passed for Peasedown, Marksbury, Winford, Kenn and Quantoxhead.
Long Ashton	...	...
Williton	...	...
Frome	...	...		No material difficulties in the way of a general district scheme.

The schemes for which grants have been authorised by the County Council during the year were as follows, the figures in brackets being the estimated cost:—

Bathavon	...	...	Marksbury (£2,150).
Bridgwater Rural	...	...	Otterhampton (£650).
Chard Rural	...	...	Extension Hewish, West Crewkerne (£800).
			„ Combe St. Nicholas (£300).
Clutton	...	...	Chew Valley Scheme for 14 parishes (£66,100) not yet completed.
Langport	...	...	New engine at Lytes Cary pumping station (£253).
			Booster Plant, Kingsbury Episcopi (£398).
			Extension to Wagg Drove (£147).
			„ „ Oath (£555).
Shepton Mallet Rural	...	...	Pilton (£7,552).
Taunton Rural	...	...	Extension at Combe Florey (£230).
Wellington	...	...	Bradford and West Buckland (£7,150).
			Sampford Arundel and Wellington Without (£5,450).
Williton	...	...	West Quantoxhead (£1,400).
Wincanton	...	...	Extension at Blackford (£90).
			New mains Bruton, South Brewham section (£1,080).
			„ „ High Street, Wincanton (£150).
			Improved supply at Milborne Port (£3,550).
Yeovil Rural	...	...	Chiselborough and Norton-sub-Hamdon (£4,700).
			Hardington Mandeville experimental borehole (£400).
			North Perrott and Haselbury Plucknett (£3,200).
			Marston Magna and Rimpton (£5,042).

Axbridge.

Almost the whole of the area is now supplied with water from supplies owned by the Rural District Council. In addition; great progress has been made in linking up the various supplies so that while they are separately mentioned for convenience of description, most can augment one another.

The South Marsh scheme supplies *Badgworth* (including Biddisham), *Burnham Without*, *Chapel Allerton*, *East Brent*, *Mark*, *Lympsham*, *Weare*, and a few houses in *Compton Bishop* and *Brent Knoll*.

The North Marsh scheme supplies *Wrington*, *Churchill*, *Congresbury*, *Banwell*, *Puxton*, *Wick St. Lawrence*, *Locking* and *Butcombe*.

Springs at Rowberrow supply *Winscombe* and *Shipham* (including Rowberrow), while this supply is augmented as required from the North Marsh scheme.

The Ellick springs supply *Blagdon*. A supply at *Burrington* (not yet taken over by the R.D.C.) supplies part of *Burrington* parish.

The Charterhouse springs supply *Cheddar*, *Axbridge*, and most of *Wedmore*, and part of *Charterhouse*, while part of the supply goes to *Highbridge* (*Burnham-on-Sea*).

*Highbridge now amalgamated
with Burnham*

1 last year = 2 (2010/11)

Brean and *Berrow* are at present supplied from the *Berrow and Brean Water Company*, the water being derived from the *Burham* supply, while *Brent Knoll* is mainly supplied from the *Brent Knoll Water Company*, the water having the same source. Arrangements are in hand to supply these parishes from the *Axbridge Council* mains. *Kewstoke* is supplied by *Weston-super-Mare U.D.C.*

Parishes which are for the most part without a piped water supply are *Bleadon*, *Compton Bishop*, *Loxton* (including *Christon*), and *Hutton*, and steps are in hand to supply these by extensions from the *R.D.C.* mains.

Bathavon.

The parishes of *Charlcombe*, *Batheaston*, *Weston*, *St. Catherine*, and part of *Swainswick* are supplied from the *Bath City* water supply. The *Combe Down Water Company* supply the *Combe Down* part of *Monkton Combe*, *Englishcombe*, *Claverton* (except 18 houses supplied by the *Skrine Estate*), *Freshford*, *South Stoke*, and about 23 houses in *Hinton Charterhouse*. Most of *Hinton Charterhouse* is supplied from a local supply owned by the *R.D.C.* Upper *Swainswick* is supplied from a *R.D.C.* supply and so is the village of *Monkton Combe*.

Bathampton is mainly supplied from springs owned by the *R.D.C.*, but about 37 houses obtain their water from the *Bath City* supply.

Bathford has a local *R.D.C.* supply.

The *West Gloucester Water Company* supply *Keynsham*, *Saltford*, *Whitchurch*, and a few houses in *Corston*. Most of *Corston* is supplied from a local private supply which has been augmented.

Most of the houses in *Camerton* are in *Peasedown St. John*. The supply for this area is obtained in bulk from *Norton-Radstock* and for years the supply has been inadequate. A new scheme put in hand during the year will greatly improve the supply and enable *Tunley*, in *Dunkerton* parish, to be supplied. Other parts of *Dunkerton* and part of *Wellow* are also supplied from this source. Part of *Camerton* is supplied from a spring owned by the *R.D.C.* The village part of *Dunkerton* is watered from a local *R.D.C.* supply. Most of *Wellow* obtains its water from two *R.D.C.* supplies.

North Stoke and *Priston* are supplied from local springs. *Newton St. Loe* and *Kelston* have each a piped supply privately owned.

The supply to *Marksbury* is unsatisfactory, and a scheme was approved to purchase the necessary water from the *Downside Abbey* supply through the *Clutton R.D.C.* mains and for the *R.D.C.* to distribute it in the parish.

The parishes of *Combe Hay* and *Compton Dando* obtain their water supply from local springs and wells.

When the *Peasedown* and *Marksbury* schemes are completed this area will be well supplied with water.

Bridgwater Rural.

In this district there is one very comprehensive supply—the old Willoughby supply greatly augmented by water taken in at Ashford by arrangement with Bridgwater U.D.C. The parishes supplied from this source are the following:—*Ashcott, Bawdrip, Bridgwater Without* (part), *Catcott, Chedzoy, Chilton Polden, Cossington, Edington, Huntspill, Lyng, Middlezoy, Moorlinch, North Petherton, Othery, Otterhampton* (part), *Pawlett, Puriton, Shapwick, Spaxton, Stawell* (and *Sutton Mallet*), *Westonzoyland*, and *Woolavington*.

The Bridgwater Borough supply furnishes water to *Bridgwater Without* (part), *Cannington* and *Wembdon*.

Nether Stowey has a supply owned by the R.D.C.

Chilton Trinity, Durleigh and *Charlynch* are within the area of supply of Bridgwater Borough. They are thinly populated parishes mostly supplied from wells.

A supply of water from a local source is under consideration for *Fiddington*, the part of *Otterhampton* not at present supplied and *Stockland Bristol*.

The major part of *Thurloston* is supplied by a private supply from springs.

The remaining parishes are *Broomfield* (247 population), *Enmore* (252), *Goathurst* (202), *Greinton* (90) and *Over Stowey* (419), and are mostly scattered parishes mainly supplied from wells with a few limited pipe supplies. At present there is no evidence of an inadequacy of supply except for *Over Stowey*, for which parish augmentation of the existing supply is under consideration.

Chard Rural.

The main supply is from the new source, the Dommett springs in the parish of *Buckland St. Mary*. It supplies the following parishes:—*Ashill, Broadway, Donyatt, Ilminster Without* (part), *Ilton, Lopen, Merriott, Seavington St. Mary, Seavington St. Michael, Stocklinch*, and *Shepton Beauchamp*.

Combe St. Nicholas is supplied from a local spring, and the supply was extended during the year to certain parts of the village not previously supplied.

Dowlish Wake is supplied from the Ilminster Urban supply.

Misterton is supplied with water purchased in bulk from the Crewkerne Water Supply Company. The main part of the village of *Winsham* is supplied from a spring, and this was extended in 1934; the rest of the parish from wells.

West Crewkerne is mostly supplied by wells, but *Hewish* hamlet has a piped supply which was extended in 1936, and houses at *Clapton* get water from the Crewkerne Water Company.

Chaffcombe has a piped supply which was extended in 1934.

Hinton St. George is mostly supplied from a private supply from springs.

Buckland St. Mary is partly supplied by the R.D.C. from a spring from the Greensand, and the supply was extended in 1935. The rest of this scattered parish from wells.

For *Chard Parish* a considerable scheme has been authorised to supply the southern portion of the parish, *i.e.*, Tatworth, South Chard (part), Coombses, Chard Junction and Forton. Part of South Chard and Perry Street are supplied with piped water from a private source.

White Lackington is in part supplied (about half) from two private supplies; the rest of the parish from wells.

Cricket St. Thomas is mostly supplied from a private supply.

The remaining parishes are *Chillington* (population 161), *Cudworth* (74), *Dinnington* (105), *Kingstone* (130), *Knowle St. Giles* (123), *Wambrook* (174), *Wayford* (285), and *Whitestaunton* (169), mostly scattered and for the most part supplied from wells.

Most of the rural district will now be well supplied but consideration is required for 2 hamlets in Ilminster Without and possibly for Wayford.

Clutton Rural.

For many years nine parishes have received their water from the Downside Abbey supply, the water being purchased in bulk by the R.D.C. and distributed through the mains of the Council. These parishes are:—*Chilcompton*, *Cameley*, *Clutton*, *Farmborough*, *Farrington Gurney*, *High Littleton*, *Paulton*, *Ston Easton* and *Timsbury*.

An extensive scheme was put forward in 1934, the Ministry of Health Inquiry was held in 1935 and the work put in hand in 1936. The sources of supply are springs in East Harptree parish supplemented if required from the Downside supply. The parishes supplied are:—*Chelwood*, *Chew Magna*, *Chew Stoke*, *Compton Martin*, *East Harptree*, *Hinton Blewitt*, *Litton*, *Norton Malreward*, *Publow*, *Stanton Drew*, *Stowey*, *Ubley* and *West Harptree*; part of *Cameley* will also be supplied.

Part of *Stanton Drew* is supplied from the Bristol Water Company, while part of *Stowey* has a private supply from Sutton Court.

The only parish not included is *Nempnett*, which is supplied from wells and a village pump.

Dulverton.

The parish of Dulverton is supplied from three springs with a reservoir of 53,000 gallons capacity, and is now abundant and adequate. It is owned by the R.D.C. The *Brushford* supply is also owned by the R.D.C. but supplies only part of the parish. The rest is from wells and local springs. The *Winsford* supply is also a Rural District Council one and has been greatly improved. A new well has been sunk and a reservoir provided from which a new main takes the water to the village.

At *Withypool* the supply used to be very unsatisfactory, but a new local spring has been purchased and piped to the village and there is now a good supply. This is owned by the R.D.C.

Brompton Regis has two piped supplies not vested in the R.D.C. The supply is usually adequate.

Exford. Most of the village is supplied from a private piped supply, the rest of the parish from wells and local springs.

Exmoor. Apart from a few houses at Simonsbath which have a piped supply from a local spring, the parish is dependent on local springs and wells.

Exton. There is one small piped supply, but most of the houses are supplied from local springs.

Skilgate. A supply is under consideration.

The parishes of *Huish Champflower* and *Upton* are supplied from local wells and springs.

Frome Rural.

At present all the existing supplies are parochial, but a fairly comprehensive scheme is under consideration for the parishes of *Norton St. Philip*, *Rode* and *Beckington*. *Beckington* is supplied from wells, and most show no signs of contamination, but a piped supply is badly needed in the other two parishes both of which at present have only local springs and wells.

The supplies owned by the R.D.C. are for *Buckland Dinham*, *Mells*, *Hemington*, *Kilmersdon* (Coleford part), *Leigh-on-Mendip*, *Nunney*, *Selwood* (part from Frome U.D.C. water), and *Wanstrow*. In these parishes the supplies to *Buckland Dinham*, *Mells*, *Coleford* and *Leigh-on-Mendip* have been improved and are now said to be satisfactory.

There are private supplies for *Etm* and *Wytham Friary*, while part of *Babington* is supplied from Norton Radstock as is also part of *Kilmersdon*.

The remaining parishes and parts of the above are supplied from wells, *i.e.*, *Berkley*, *Lullington*, *Tellisford* (the Wolverton portion has a private supply), *Upton Noble* and *Whatley*.

Langport.

The R.D.C. own four water supplies. The parishes of *Langport*, *Kingsbury Episcopi*, *Huish Episcopi*, *Muchelney* and *Aller* are supplied from the Compton Durville supply. *Somerton* and *Kingsdon*, and also two parishes in Yeovil Rural, obtain their water from the Lytes Cary springs. *Long Sutton* is supplied from a well and borehole. The parishes of *Barrington*, *Curry Rivel* and *Drayton* with part of *Isle Brewers* are supplied from the Barrington supply but this has been found to be inadequate and has had to be supplemented from the other supplies.

The parishes of *Curry Mallet*, *Beer Crocombe*, *Fivehead*, *Isle Abbots* and the rest of *Isle Brewers* are being supplied with water obtained from the new Chard Rural supply (Dommett springs) while this is also being extended to supplement the Barrington water supply.

Puckington is in part supplied from a privately owned local spring and the rest from wells.

The remaining parishes—*Babcary*, *Barton St. David*, *Charlton Mackrell*, *Compton Dundon*, *Keinton Mandeville*, *Kingweston*, *High Ham* and *Pitney*—are all badly in need of a piped water supply and will by arrangement be supplied from the Wells Rural water scheme, but progress in this scheme is very slow.

Long Ashton.

The Bristol Water Works Company supplies the greater part of the parishes of *Abbots Leigh*, *Backwell*, *Barrow Gurney*, *Brockley*, *Bishopsworth*, *Flax Bourton* and *Long Ashton*. *Nailsea* was only partially supplied from the same source, but during 1935 the supply was ex-

tended to about 50 houses in the "Old Church" district and now most of this parish has a piped supply. The Backwell Common part of Backwell was dependent upon rain water, but in 1935 it was supplied from standpipes from the Axbridge R.D.C. supply.

Wraxall is partially supplied from the Bristol Water Company and during the year proposals were adopted for supplying the Sixty Acres area at Failand from this source.

The Portishead Water Company supplies the greater part of the parishes of *Easton-in-Gordano*, *North Weston* and *Portbury*. The water supply conditions at Redcliffe Bay (North Weston parish) are not altogether satisfactory, the water coming from the Portishead Water Company but by a private arrangement.

The Clevedon Water Company supplies the parishes of *Tickenham*, and arrangements are approved to extend the water to the parish of *Ken* but the scheme has not yet been carried out.

Yatton is supplied from a well and borehole in the parish owned by the R.D.C. A new borehole has been sunk to augment the supply and enable the water to be carried to *Kingston Seymour* which at present is badly in need of water, the present supply from surface wells being poor in quality and inadequate.

Winford. This parish was very badly supplied, but a new supply from a borehole in the parish and owned by the R.D.C. has been provided and during the year the mains were being laid to those parts of the parish in need of water.

Weston-in-Gordano. A large part of the parish was supplied by a privately owned supply. During the year arrangements were completed by the R.D.C. to take over this supply. It supplies part of *Walton-in-Gordano* and some houses in North Weston and it is proposed to extend it to the Weston Road houses.

Clapton-in-Gordano is mostly from local springs and wells.

Dundry is in part supplied from the Bristol Water Company but most of the parish is from local springs and wells.

Shepton Mallet Rural.

There is a number of small water schemes in this area owned by the R.D.C. most of which supply one or two parishes. So supplied are *Ditchet* and *Milton Clevedon* from springs on Creech Hill, *Doulting*, *Everecch*, *Stoke Lane* and *Holcombe*, *West Bradley* (including Hornblotton), *Lamyatt* and *East Pennard* (parts from the Ditchet or West Bradley supplies).

The Downside Water Company supplies part of *Ashwick*, *Binegar*, *Emborough*, and *Stratton-on-the-Fosse*. Part of Ashwick is supplied from a spring belonging to the R.D.C., and there are also two small private supplies.

Downhead is in part supplied from the Norton-Radstock supply, the rest from wells and springs.

The parishes of *Croscombe*, *East Cranmore*, *West Cranmore* and *Lydford* (part) and *Pylle* (part) are watered from private supplies.

During the year a new supply was obtained for *Pilton* from springs at Farnecombe, to supply most of the parish.

Batcombe is supplied from a large number of local springs and a few wells. Most of the parish is well supplied but some houses have an inadequate supply and proposals to remedy from one or more small local supplies owned by the R.D.C. are under consideration.

Most of the district will then be well supplied with water, but a few houses at *Stratton-on-the-Fosse* are badly supplied, while most of *Lydford* is supplied from local wells.

Taunton Rural.

A considerable part of the district is within the Statutory area of the Taunton Borough Water Act and many parishes are supplied from the Taunton Borough supply. These are *Bishops Hull*, *Corfe*, *Pitminster*, *Staplegrove*, *Stoke St. Mary*, *Thornfalcon* (part) and *Trull*. In addition schemes were approved, but the work not completed at the end of the year, to supply from the same source, *Norton Fitzwarren*, *Creech St. Michael*, *Ruishton*, *West Monkton*, the rest of *Thornfalcon*, and *Cheddon Fitzpaine*.

An important source of water is the Staple Hill Supply from springs on the Blackdown Hills. This is privately owned and supplies direct *Bickenhall*, *Staple Fitzpaine*, *Orchard Portman* and *Curland* (about half, rest wells). Water from this source is also purchased in bulk by the R.D.C. and through their mains distributed to *Hatch Beauchamp*, *North Curry* and *Stoke St. Gregory*.

Bishops Lydeard and *West Bagborough* obtain their water from springs at Cothelstone and West Bagborough, the supply being owned by the R.D.C. During 1935 the supply was improved by laying a duplicate main from the intake to the reservoir.

During 1935 and 1936 an extensive scheme was inaugurated for a piped supply from springs for *Lydeard St. Lawrence* and *Combe Florey*. *Halse*, *Ash Priors* and *Tolland* are at present supplied from wells but the scheme is so arranged that it can be extended to them should the need arise.

Cothelstone is about half supplied from a private piped supply, the rest from wells.

Except for 14 houses from a private piped supply all the large parish of *Kingston* is dependent upon wells or local springs.

The parishes of *Churchstanton*, *Durston*, *Otterford*, and *West Hatch* are all supplied from wells.

Wellington Rural.

Milverton has a piped supply owned by the R.D.C. and at the end of the year proposals were approved to lay an additional main from the reservoir to the village and a short new main in the village. At present the pressure is inadequate.

Bradford and *West Buckland* are mainly dependent upon wells but a comprehensive scheme was passed to supply the two parishes with water from the Taunton Borough supply.

Sampford Arundel has a small gravitation supply which yields water to part of the parish. A scheme was approved during 1936 to take in another spring and supply most of the parish and also Holywell Lake in *Wellington Without* parish.

Wiveliscombe has two water supplies, one from springs and the other from a borehole. The water from the springs is now chlorinated before use.

Langford Budville is in part supplied from a privately owned supply and has been improved by the provision of an additional reservoir.

Bathealton is supplied from wells and local springs but a piped supply is under consideration.

The Langley part of *Wiveliscombe Without* has a piped supply; the rest of the parish depends upon wells.

Part of *Fitzhead* has a piped supply but most is supplied from wells. *Ashbottle*, *Chipstable* (a spring piped to a tap in the village supplies part), *Nynehead*, *Oake*, *Stawley*, *Thorne St. Margaret* and most of *Wellington Without* are dependent upon wells.

Wells Rural.

Baltonsborough has a piped supply from the Ditchat scheme (Shepton Mallet Rural), the distribution being by the Wells R.D.C. *Godney* and *Sharpham* are supplied from the Street mains. *West Pennard* is supplied with water purchased in bulk from Glastonbury. *North Wootton* has two local supplies owned by the R.D.C. *Dinder* is supplied from a private source and so is most of *Butleigh*. A large part of *Chewton Mendip* is supplied with water under private ownership.

At the end of the year the extensive Wells Rural water scheme initiated in 1935 was still under consideration and the details had not been settled. It will supply *Priddy*, a large part of *St. Cuthbert Out*, *Rodney Stoke*, *Meare*, *Walton*, *Westbury*, *Wookey* and parts of *Butleigh*. These parishes have some local springs and parts have a piped supply but all need better water supplies and for some parishes, such as *Meare* and *Walton*, the need is acute.

Williton.

This district is well supplied with water. Parishes with piped supplies owned by the R.D.C. are *Bicknoller*, *Cutcombe*, *Porlock*, *Sampford Brett*, *Stogumber*, *Timberscombe*, *Williton*, *Wootton Courtenay*. A small part of the parish of *Brompton Ralph* is so supplied, the rest from wells or small local springs. Parts of *Old Cleere* obtain its water from the Watchet supply, the distribution mains being owned by the R.D.C.; part has a piped supply under private ownership.

There are many privately owned supplies in this area, and the following parishes are so supplied:—*Withycombe* and *Carhampton*, *Crowcombe*, *Dunster*, *East Quantoxhead*, *Holford*, *Kilve*, *Luccombe*, *Selworthy*, *Luxborough*, *Monksilver*, *Nettlecombe*, *Stogursey* and *Stringston*, *Treborough* (about one-third, rest from wells), and *West Quantoxhead*. Owing to building developments in the St. Audries part of *West Quantoxhead* parish a water supply was badly required and this was provided by the R.D.C. during the year from a local spring.

Clatworthy, *Elworthy*, *Oare* and parts of *Minehead Without* are dependent upon small local springs and wells.

The *Monksilver* supply ran rather short in the recent dry summers. At *Crowcombe Heathfield* some building developments have taken place and this area needs a better water supply; during the year negotiations were in hand to obtain it from the new *Lydeard St. Lawrence* supply but subsequently a separate supply from springs on the *Quantocks* was obtained.

Wincanton.

Most of the water supplies are owned by the R.D.C. and are the following:—

The Castle Cary supply furnishes water to *Castle Cary*, *Ansford*, *Alford*, *Lovington*, *Farlington* and *North Barrow*, and also supplies parts of *North Cadbury* and *Pitcombe*.

Springs at South Bruham supply *Bruton* (most), *North Bruham*, parts of *South Bruham* and *Pitcombe*. The rest of *South Bruham* and parts of *Bruton* obtain water from the South Bruham supply. The Bruton and South Bruham supply was improved in 1936 by laying a new 3in. main.

The extensive Penselwood area scheme supplies *Wincanton*, *Bratton Seymour*, *Compton Pauncefoot* (Blackford), *Cucklington*, *Holton*, *Horsington* (part), *Maperton*, *North Cheriton*, *Penselwood*, *Shepton Montague* and *Stoke Trister*. During 1935 and 1936 various extensions improving the supply were carried out.

Milborne Port is supplied from a spring and borings at Milborne Wick. The Templecombe supply source is not far away but is a quite separate supply for *Templecombe* and *Henstridge*, with a few properties in *Stowell*.

Another source supplies *Queen Camel*, *Sparkford* and *South Barrow*, and during the year the water available has been increased by taking in additional springs at *Charwell*.

Charlton Horethorne has a separate gravitation supply. *Charlton Musgrove* has a gravitation supply, recently augmented, which also supplies *Stoney Stoke* hamlet in *Shepton Montague* parish.

There are also a number of private gravitation supplies which supply *South Cadbury* (including *Sutton Montis*), *Stowell*, *Charlton Horethorne* and *Corton Denham*.

North Cadbury is supplied from springs at *Littleton Hill*, and the surplus is used to augment the *Queen Camel* supply. In *Cucklington* 19 houses are supplied from a local piped supply, while about 40 houses at *Horsington* have a local piped supply. Part of *Compton Pauncefoot* has a private supply.

Yeovil Rural.

The greater part of the district is supplied with water from undertakings owned by the R.D.C.

A borehole at East Stoke is the source for the parishes of *Stoke-sub-Hamdon*, *Ash* and *Long Load*. *Martock* and *South Petherton* have separate supplies, but the *Martock* supply has to be supplemented from the *South Petherton* supply. There are separate piped supplies for the parishes of *Montacute*, *Tintinhull* (extended during the year) and *Sock Dennis*. *East Chinnock* and *Haselbury Plucknett* and *West Chinnock* are supplied together from springs at *West Chinnock*.

Ilchester is supplied with water purchased in bulk from the *Langport Lytes Cary* supply.

Odcombe is supplied from a borehole in the parish and the surplus is used to supplement the supply to *West Coker*, which has an inadequate supply from springs in the parish. *Brympton* parish (including *Lufton*) is also supplied with the *Odcombe* water, but the *Thorn* part as below. *Chilthorne Domer*, *Thorn* and *Yeovil Marsh* in *Yeovil Without* have recently obtained water from the *Yeovil Borough Council* purchased in bulk and distributed by R.D.C. mains.

Mudford has a piped supply which also supplies *Chilton Cantelo* and which it is proposed to extend to *West Camel*, *Yecovilton* and *Limington*. At present these three parishes are supplied from wells with some local springs.

Barwick has a piped supply, the water being obtained from the *Yecovil* Borough supply and distributed by the R.D.C.

East Coker is partially supplied from this source, partly from a supply owned by the R.D.C., and also from two privately owned piped supplies.

The above are all owned by the R.D.C. The following are private supplies:—

Closworth has a privately owned supply for about 80 people; the rest of the parish from wells.

Marston Magna and *Rimpton* are mainly supplied from one privately owned source at *Rimpton*. Proposals to purchase are in hand but not completed.

North Perrott is supplied from a private source, arrangements by R.D.C. to purchase are in hand.

The privately owned supply to *Norton-sub-Hambdon* has been purchased by the R.D.C. and will be extended to supply *Chiselborough*.

Hardington Mandeville is at present mainly supplied from wells, with two small private supplies. A scheme is in hand to supply from an experimental borehole at a total estimated cost of £6,045.

Urban Districts.

In general all the urban districts possess good supplies of water and adequate for all normal times. Considerable additions have been made to the supply for *Bridgwater*, while at *Minehead* and at *Taunton* extensions to increase the available supplies are under consideration.

RIVER POLLUTION AND SEWAGE DISPOSAL.

1936 was rather wet during the summer, particularly in comparison with recent summers, so any river pollution would be likely to be less operative for harm. Two heavy sources of river contamination were removed by the completion of the *Taunton* sewage works alterations in 1935 and the complete renovation of the *Wellington* sewage works in 1936. Probably considerable further alterations will be required at the *Taunton* works before everything is completely satisfactory.

A case of serious pollution of the river *Yeo* in June last resulted in considerable fish destruction. In spite of exceedingly thorough investigations by Mr. Dewhurst and myself, the actual source of pollution was not ascertained with any certainty, but the inquiry was valuable as it disclosed certain unsatisfactory conditions and steps were taken to have these remedied.

The appointment of a County Sanitary Inspector has enabled a great deal of attention to be paid to river pollution problems and many small pollutions have been dealt with, without resource to any legal action. Mr. Dewhurst has also in hand a complete survey of all the rivers with records of all possible sources of contamination. Such a survey takes much time, but is well on its way to completion.

As regards sewage disposal at Cannington and at Curry Rivel, the existing arrangements were very bad and in both cases the Public Health Committee made representations to the Local Sanitary Authorities responsible. A comprehensive scheme for the drainage of Cannington was prepared but is still under consideration as regards alterations to reduce the cost. At Curry Rivel, in spite of the fact that the Parish Council first agreed that a sewage scheme was required and a satisfactory scheme, prepared by the Langport R.D.C. consulting engineer, was approved by the Special Sub-Committee appointed to consider it, the scheme was ultimately rejected by the Langport R.D.C. and the County Council has had to take the necessary legal action.

During the year the County Council passed the following sewage schemes for assistance:—

Axbridge	...	...	...	Estimated cost	£12,969
Winscombe	...	...	...	"	£21,865
Catcott	...	...	...	"	£2,460
Misterton	...	...	...	"	£1,030
Brushford	...	...	...	"	£2,200
Bishops Hull	...	...	...	"	£4,500
Sparkford and Queen Camel	...	...	...	"	£12,562

All the grants were made on a parochial basis. Most of these schemes were not started during the year.

In eight other cases of sewage disposal schemes the applications were refused, all but one being on financial grounds. In the remaining case the scheme was considered unsatisfactory and not the best way of dealing with sewage disposal in the area. A number of other sewage schemes were under consideration at the end of the year.

In my report for last year I mentioned that Mr. Dewhurst and myself had made a survey of the existing methods of sewage disposal in Yeovil Rural District, each parish being visited and separately considered. Mr. Dewhurst has continued this formidable task and has made reports dealing with every parish in the following Rural Districts:—Bathavon, Chard, Dulverton, Frome, Long Ashton, Wellington and Wincanton. Such records are of very great value for reference, while in really urgent cases they enable reports to be presented to the Public Health Committee with a view to action being taken.

ADMINISTRATION OF THE HOUSING ACTS.

The following shows the housing construction since 1921:—

Year.	Urban.	Rural.	Total.
1921	493	685	1178
1922	395	637	1032
1923	279	375	654
1924	432	551	983
1925	581	812	1393
1926	974	1217	2191
1927	1393	1442	2835
1928	960	718	1678
1929	857	1070	1927
1930	887	833	1720
1931	654	837	1491
1932	746	724	1470
1933	1070	1035	2105
1934	1450	940	2390
1935	1525	1061	2586
1936	1303	1167	2470

The figures show that the number of new houses constructed is again very considerable. Table XV. shows for 1936 that 1,965 or 80% of them were built by private enterprise without any State assistance. This is far in excess of any immigration needs or to account for national increases of population and illustrates the great change which is taking place in housing habits.

The two important housing problems before local authorities are to get rid of all unfit houses in their areas and to provide houses to relieve overcrowding. For both groups considerable housing subsidies are available.

Of these the so-called slum clearance is by far the most important. These houses fall into two groups, one the houses which can be made fit at reasonable expenses and the other the really unfit houses which cannot be made fit at a cost which bears any reasonable relationship to the rents which are likely to be obtainable. The rents of these houses are for the most part low, but in some cases are scandalously high in view of the accommodation offered. Their elimination is made possible by the really material subsidy given, which is on a basis of payment per displaced person, which enables excellent houses to be provided at rents which compare quite favourably with those which tenants are now paying for hovels and quite insanitary houses. Every inducement is therefore given to local authorities to deal effectively with this problem.

During the last four years I have spent a great deal of time visiting the different districts, and particularly the rural districts, since for these the County Council has special housing responsibilities. In this way it has been possible to obtain much more uniform standards, to encourage the use of a proper procedure, to stimulate where adequate action is not taken and to report to the County Council authorities who fail to deal efficiently with the problem. In this

work Mr. Dewhurst, the County Inspector, has been of great assistance during the past two years, particularly in view of his specialised knowledge of housing. After a preliminary visit from myself Mr. Dewhurst has in a number of districts followed up the work and given most valuable advice and assistance.

I think I can say with some confidence that this work, although time consuming, has been well worth while and has been found of help by the various local authorities and their officers. On the whole the different local sanitary authorities have tackled this problem on comprehensive lines. Some have done the work thoroughly, most with reasonable efficiency, while a few have dealt with it very inadequately and are being the subject of special stimulation. Table XV. gives some indication of the inequalities in different districts, but of course this has to be related to the number of defective houses in the area and this figure cannot be given in the table.

Since the subsidy is only for a limited period it is important that the whole problem should be dealt with comprehensively and without further delay. The construction of houses at higher rentals under previous schemes has been very considerable and probably there is an adequate number of such houses. There is still, however, a need for many more houses at cheap rents (such as can be provided under the Slum Clearance scheme) to provide for those persons who because of low incomes are compelled to reside in houses which are insanitary, defective and below any reasonable standard of housing efficiency.

In some cases the houses can be made satisfactory by obtaining a grant under the Housing (Rural Workers) Acts, and from the table it will be noted that the number of houses so dealt with has increased and is still increasing.

The problem of overcrowding is also an important one, and the provision of new houses to relieve is the subject of a special subsidy. Table XVII. shows that there is a considerable measure of overcrowding and that a good many houses will have to be provided to relieve it. Little or nothing in the way of actual housing provision was done up to the end of 1936, but in later reports it will be possible to tabulate the progress made.

TABLE XV

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR

AREA.	With State assistance.		Otherwise	Total.
	By the Local Authority,	By other bodies or persons.		
RURAL.				
AXBRIDGE	16	0	85	101
BATHAVON	28	0	202	230
BRIDGWATER	0	0	102	102
CHARD	26	0	18	44
CLUTTON	†96	0	36	132
DULVERTON	20	7	0	27
FROME	0	0	13	13
LANGPORT	8	0	17	25
LONG ASHTON	4	0	173	177
SHEPTON MALLET	12	0	22	34
TAUNTON	0	0	39	39
WELLINGTON	0	0	10	10
WELLS	0	0	22	22
WILLITON	0	0	44	44
WINCANTON	66	0	26	92
YEOVIL	6	0	69	75
All Rural Areas	282	7	878	1167
URBAN.				
BRIDGWATER	40	0	64	104
BURNHAM	0	0	0	0
CHARD	0	0	21	21
CLEVEDON	0	0	70	70
CREWKERNE	0	0	5	5
FROME	22	0	0	22
GLASTONBURY	0	0	14	14
ILMINSTER	0	0	4	4
MINEHEAD	0	0	53	53
NORTON-RADSTOCK	0	0	29	29
PORTISHEAD	0	0	16	16
SHEPTON MALLET	0	0	11	11
STREET	0	0	24	24
TAUNTON	99	0	180	279
WATCHET	0	0	30	30
WELLINGTON	0	0	36	36
WELLS	0	0	16	16
WESTON-S-MARE	*55	0	311	366
YEOVIL	0	0	203	203
All Urban Areas	216	0	1087	1303
County	498	7	1965	2470

† Without State assistance,

* 32 Without State assistance,

TABLE XVI.
HOUSING INSPECTIONS.

Area.	Houses inspected for housing defects.	Houses specially inspected under Housing Acts.	Number found unfit.	Number defective but not unfit.	Demolition Orders made.
RURAL.					
AXBRIDGE	1153	0	123	842	54
BATHAVON	72	37	19	27	9
BRIDGWATER	281	0	99	182	41
CHARD	340	187	43	172	19
CLUTTON	168	97	71	97	34
DULVERTON	309	196	12	42	5
FROME	151	141	17	124	5
LANGPORT	638	372	17	255	6
LONG ASHTON	253	247	92	88	37
SHEPTON MALLET	118	58	32	36	18
TAUNTON	1,085	899	225	585	12
WELLINGTON	188	159	101	58	15
WELLS	253	236	4	56	0
WILLITON	157	27	3	21	0
WINCANTON	719	273	192	82	18
YEOVIL	165	9	13	9	1
All Rural Areas	6,050	2,938	1,063	2,676	274
URBAN.					
BRIDGWATER	207	43	0	196	0
BURNHAM	12	0	2	6	0
CHARD	55	35	25	8	25
CLEVEDON	60	4	8	8	0
CREWKERNE	39	19	6	13	0
FROME	245	220	12	130	23
GLASTONBURY	39	17	2	18	0
ILMINSTER	72	36	1	15	0
MINEHEAD	59	6	0	49	0
NORTON- RADSTOCK	63	0	7	56	10
PORTISHEAD	30	0	6	46	4
SHEPTON MALLET	54	24	4	0	0
STREET	51	0	2	49	0
TAUNTON	661	162	359	215	1
WATCHET	80	80	0	0	0
WELLINGTON	126	42	2	92	0
WELLS	813	0	0	67	0
WESTON-S-MARE	524	153	11	71	2
YEOVIL	107	105	11	43	20
All Urban Areas	3,297	946	458	1,082	85
County	9,347	3,884	1,521	3,758	359

TABLE XVII.
HOUSING ACT, 1935—OVERCROWDING.

Area.	Dwellings over-crowded at end of year.	Families dwelling therein.	Persons dwelling therein.	New cases of over-crowding reported during year.	Cases of over-crowding relieved during year.	Number of Persons in such cases.
RURAL.						
Axbridge ...	59	61	352	52	27	135
Bathavon ...	43	43	263½	4	31	184
Bridgwater ...	62	62	405½	0	0	0
Chard ...	37	37	270	37	1	5
Clutton ...	47	50	402	0	16	88
Dulverton ...	5	1	27	0	3	16
Frome ...	13	13	87	40	27	226½
Langport ...	49	49	333	0	1	11
Long Ashton ...	35	35	260	0	0	0
Shepton Mallet ...	17	17	126	19	2	12
Taunton ...	35	35	288	0	4	9
Wellington ...	31	35	189	10	2	14
Wells ...	18	18	117	0	14	94
Williton ...	14	14	94½	30	16	103
Wincanton ...	40	40	296	47	7	46
Yeovil ...	67	67	536	0	4	29
All Rural Areas ...	572	577	4,046½	239	155	972½
URBAN.						
Bridgwater ...	108	111	898	8	4	27
Burnham ...	2	2	12½	1	0	0
Chard ...	23	26	138	3	1	7
Clevedon ...	8	9	56	1	5	48
Crewkerne ...	16	16	105½	0	1	5
Frome ...	14	14	86½	26	12	62½
Glastonbury ...	6	6	51	0	5	8
Ilminster ...	11	11	89	0	0	0
Minhead ...	7	8	49	0	4	26
Norton-Radstock ...	3	3	27	0	19	128
Portishead ...	3	4	20½	3	0	0
Shepton Mallet ...	1	1	6	0	9	9
Street ...	0	0	0	0	7	0
Taunton ...	110	0	760	0	7	49½
Watchet ...	0	0	0	0	0	0
Wellington ...	27	29	168	0	2	5
Wells ...	27	27	158	0	0	0
Weston-s.-Mare ...	42	58	278	28	19	111
Yeovil ...	78	84	559½	14	23	169½
All Urban Areas ...	486	409	3,462½	84	118	655½
County ...	1,058	986	7,509	323	273	1,628

Cases in which dwelling houses have again become overcrowded after Local Authority has taken steps for abatement of overcrowding: *Rural*, nil; *Urban*, 6, *i.e.*, Chard 5, Minhead 1.

Housing (Rural Workers) Acts, 1926 and 1931.

During the year ended 31st December, 1936, grants were authorised by the County Council under these Acts in respect of 117 dwellings, amounting to £11,587 in the following areas:—

District.	No. of Dwellings.	Amount.
<i>Rural.</i>		£
Axbridge	1	100
Chard	6	596
Frome	8	738
Langport	26	2,585
Shepton Mallet ...	10	1,000
Taunton	6	568
Wellington	1	100
Wells	7	700
Wincanton	42	4,200
Yeovil	6	600
	<hr/> 113	<hr/> £11,187
<i>Urban.</i>		
Ilminster	2	200
Wellington	2	200
	<hr/> 117	<hr/> £11,587

The total grants authorised under the Acts to the 31st December, 1936, amounted to £46,369 9s. 4d. in respect of 503 dwellings. Of these, grants amounting to £26,089 13s. 4d. in respect of 289 dwellings were paid prior to that date, and in the remaining cases the works were not completed or the grants were not accepted by the applicants. Grants amounting to £805 have been repaid by the applicants.

One loan of £62 has also been made by the County Council under the Acts.

Since April, 1934, Bridgwater Rural District Council has been a separate Authority under the Acts, and grants were made by that Council in 21 cases during 1936.

SUPERVISION OVER THE FOOD SUPPLY.

A. Slaughter Houses and Meat Supervision. As the table shows, the number of Slaughter houses remains much the same year by year. Theoretically all the meat is subject to supervision; in practice much of it escapes expert examination, especially in the rural areas. There can never be satisfactory meat supervision until the private slaughter house is abolished and a system of Public Abattoirs installed with adequate supervision.

TABLE XVIII.
SLAUGHTER HOUSES.

Sanitary Area. (Urban).	Licensed.	Registered.	Total.	Sanitary Area. (Rural).	Licensed.	Registered.	Total.
Bridgwater	5	10	15	Axbridge	13	7	20
Burnham	9	0	9	Bathavon	6	16	22
Chard	4	2	6	Bridgwater	5	15	20
Clevedon	—	—	P	Chard	11	15	26
Crewkerne	1	3	4	Clutton	7	14	21
Frome	2	6	8	Dulverton	7	2	9
Glastonbury	2	4	6	Frome	11	0	11
Ilminster	2	3	5	Langport	12	2	14
Minehead	—	—	P	Long Ashton	2	9	11
Norton-Radstock	4	4	8	Shepton Mallet	12	0	12
Portishead	2	2	4	Taunton	33	0	33
Shepton Mallet	4	2	6	Wellington	8	0	8
Street	0	5	5	Wells	16	2	18
Taunton	4	7	11	Williton	9	6	15
Watchet	1	2	3	Wincanton	5	16	21
Wellington	2	7	9	Yeovil	28	0	28
Wells	4	5	9				
Weston-super-Mare	—	—	P				
Yeovil	10	0	10				
				Total	185	104	289
Total	56	62	118	County Total	241	166	407

P=Public Slaughter-house.

TABLE XIX.

MILK PRODUCERS AND DISTRIBUTORS.

Sanitary Area. (Urban).	Producers.	Distributors.			Sanitary Area. (Rural).	Producers.	Distributors.		
		Also Producers.	Not Producers.	Total.			Also Producers.	Not Producers.	Total.
Bridgwater	15	9	52	61	Axbridge	904	90	15	105
Burnham	26	13	11	24	Bathavon	267	88	25	113
Chard	11	2	10	12	Bridgwater	760	184	29	213
Clevedon	27	11	13	24	Chard	550	58	2	60
Crewkerne	10	8	4	12	Clutton	472	131	29	160
Frome	16	14	10	24	Dulverton	128	128	0	128
Glastonbury	57	12	4	16	Frome	390	80	0	80
Ilminster	9	10	4	14	Langport	433	123	2	125
Minchhead	9	9	1	10	Long Ashton	424	63	43	106
Norton-Radstock	29	12	15	27	Shepton Mallet	350	61	1	62
Portishead	10	4	14	18	Taunton	453	41	79	120
Shepton Mallet	27	7	5	12	Wellington	177	61	2	63
Street	21	13	6	19	Wells	477	121	11	132
Taunton	8	6	57	63	Williton	303	43	5	48
Watchet	5	3	6	9	Wincanton	544	26	4	30
Wellington	25	11	14	25	Yeovil	465	46	6	52
Wells	6	3	7	10					
Weston-super-Mare	28	15	95	110					
Yeovil	17	4	28	32					
					Total	7,097	1,344	253	1,597
Total	356	166	356	522	County Total	7,453	1,510	609	2,119

B. Milk Supply. Table XIX. gives the number of producers and distributors registered.

The health problems arising out of the milk supply are complicated. On the chemical side attention has to be paid to the chemical composition of milk and to the detection and prevention of adulteration, which is so extremely easy with a liquid like milk. On this side we are greatly hampered by the unsatisfactory legal position, which has remained unchanged since 1901 although material chemical advances in the detection of adulteration have been made, and although there is now available a vast body of information as to variations in the chemical composition of milk under different conditions not known in 1901. In spite of many complaints, reports and deputations nothing is done to put this matter on a better basis.

On the bacteriological side, the aim is a cleanly collected and cleanly distributed milk which is free from the risk of spreading disease. The two problems are not the same for a milk supply may be clean but far from safe.

Hitherto the chief instruments in obtaining a clean milk supply have been the operation of the Milk and Dairies Order, 1926, and education work along the lines of Clean Milk Demonstrations and competitions. Both have done good but no one with experience can claim that their effectiveness in attaining the objects in view has been other than poor.

A third method which has now been introduced is likely to be much more effective, *i.e.*, paying a higher price for a better article.

Under the "Accredited Herd" Scheme of the Milk Marketing Board an extra 1d. per gallon is paid independent of sales. The standard is set out in the Milk (Special Designations) Order, 1936, which came into operation on June 1st, 1936, and the producer has to obtain a Licence from the County Council to produce "Accredited" Milk. The considerable increase in the number of licences is shown in the table set out below. The total is, however, small compared with the number of producers. The requirements are comparatively simple and there are no real reasons why the number of Accredited licensees should not be multiplied many times.

Under this new Order the only kinds of designated milks recognised are "Tuberculin Tested," "Accredited" and "Pasteurised." The table also shows a considerable increase in the number of "Tuberculin Tested" licences granted, and as this milk is safe from the risk of spreading tuberculosis to man it is a type of milk which merits every encouragement.

Licences to sell Pasteurised milk are granted by the Local Sanitary Authorities and are only given when the Pasteurised milk is obtained from premises which hold a licence to give this form of heat treatment to the milk. There are about 23 such plants operating in the County and all receive frequent visits of supervision, while many samples are taken to ensure that the milk is up to the bacteriological standard prescribed in the Order and also to ascertain, by the use of the phosphatase test, that the milk has been accurately pasteurised.

The following shows the figures at the end of the years referred to:—

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Certified Milk or												
Grade A (tuberculin tested) ...	9	10	15	12	10	10	10	13	13	17	38	122
Grade A or Accredited ...	4	6	11	12	14	14	13	10	9	8	229	400

The work of sampling herds for tubercle bacilli has been continued. It is valuable educational work and one of the few steps which can be taken under the Milk Acts but it does not do anything to solve the main problem.

During the year 442 samples of mixed milk, collected at the cowsheds, were examined for tubercle bacilli. Virulent tubercle bacilli were found in 15, a percentage of 3.4.

Except for one year, this percentage keeps very constant, the percentage figures for previous years being: 2.2 (1926); 2.18 (1927); 2.2 (1928); 2.67 (1929); 2.32 (1930); 2.2 (1931); 5.7 (1932); 2.8 (1933); 3.15 (1934); 2.94 (1935).

Of these 442 samples, 77 were from Accredited Milk producers and the milk from 3 contained living tubercle bacilli, a percentage positive of 3.9. The remaining 365 samples were from ordinary producers and the milk from 12 contained tubercle bacilli a percentage positive of 3.3. This shows, as I have repeatedly pointed out elsewhere, that the quarterly veterinary inspection is not an adequate safeguard against the risk of tubercle bacilli in the milk. It illustrates the correctness of my attitude in refusing to accept "Accredited" milk as a safe supply to be used in schools under the Milk for School Children scheme. Accredited milk is a clean milk but not free from the risk of spreading disease.

In addition to these 15 cases, reports on milk derived from Somerset, but found to be tuberculous by outside authorities, have been received in 7 cases, *i.e.*, 6 from Bristol City and 1 from London County Council.

Of the 15 positive herds, from samples examined in the County Laboratory, in 12 the County Veterinary Surgeon found a cow with a tuberculous udder, in 8 of these at the first examination while in four the herd had to be sampled in groups and the affected animal slowly detected by a process of elimination. Of the 3 failures, in two instances between sampling and the results of the examination cows were sold and were the probable source of infection. This was almost certainly the case in one instance since the cow went to the knackers and was found to be tuberculous. In the remaining instance there was no change in the herd and the source of the tubercle bacilli was untraced. There is always the possibility of tubercle bacilli being passed in the dung from other cows in the herd, tuberculous but not suffering from clinically recognisable tuberculosis.

Of the 7 cases reported from outside, in 4 the County Veterinary Surgeon found on examining the herd a cow with a tuberculous udder, in 3 of these at the first examination but in the fourth only after bulk sampling. In the remaining 3 instances no clinically tuberculous cows were found but in each case animals were sold between the collection of the sample and the clinical examination and in two of these the animals were in ill health.

Taking both groups together the figures show that out of 22 positive herds in 16 the Veterinary Surgeon, with the aid of the laboratory, found the tuberculous cow. In 5 instances cows, animals which were in most cases known to be in ill health, were sold between sampling and examination of the herd. For only one herd was there complete failure to trace the infective animal. In view of the difficulties of the problem these results must be considered very satisfactory.

C. Administration of the Sale of Food and Drugs Acts. During the year 1977 samples were examined. Of these, 21 were submitted by private individuals and Medical Officers of Health, and 35 were "Appeal to Cow" samples. The following Table shows the nature of the 1,021 samples submitted by the Inspectors, excluding the 35 "Appeal to Cow" samples.

TABLE XX

Article.	Number examined.	Number genuine.	Number adulterated.	Per cent. adulterated.
Dairy Products—Milk	539	503	33	6.1
Skimmed Milk	1	1	0	0
Cream and Canned Cream	30	30	0	0
Cheese	11	11	0	0
Butter	41	37	4	9.7
Condensed Milk	17	17	0	0
Dried Milk	2	2	0	0
Edible Fats	20	20	0	0
Cereals	25	25	0	0
Meat and Fish Products	32	32	0	0
Tea, Coffee, Cocoa	13	13	0	0
Condiments	24	24	0	0
Sugar Products	27	27	0	0
Miscellaneous Groceries	75	75	0	0
Beer, Spirits and Wine	81	81	0	0
Drugs	83	82	1	1.2
Total	1,021	983	38	3.7

The samples adulterated, as shown in the Table, were mostly milk, the adulteration of other products being very few. 33 milk samples were reported as adulterated and of these no legal proceedings were taken in 24; 8 were dismissed, and a conviction was obtained in the remaining case. The legal position as regards chemical milk adulteration remains very unsatisfactory. Proceedings were not taken in the other five cases of adulteration.

TABLE XXI.

The number of samples analysed and the number adulterated during the past 15 years.

	Year.	Number examined.	Number adulterated.	Percentage adulterated.
Somerset	1922	1,075	50	4.65
"	1923	1,049	40	3.8
"	1924	1,045	48	4.6
"	1925	1,042	37	3.5
"	1926	1,044	29	2.8
"	1927	1,067	39	3.6
"	1928	1,043	25	2.4
"	1929	1,038	23	2.2
"	1930	1,033	30	2.9
"	1931	997	32	3.2
"	1932	1,013	22	2.2
"	1933	1,034	40	3.9
"	1934	1,024	22	2.15
"	1935	1,008	23	2.1
"	1936	1,021	38	3.7
England and Wales	1935	143,831	7,972	5.5

PUBLIC HEALTH LABORATORY.

The Laboratory continues to be extensively made use of by the different Local Authorities for the examination of water supplies, sewage samples, diagnosis of infectious cases, etc. It is also very valuable in connection with Tuberculosis, School Work, Venereal Diseases and other work directly under the County Council. The main increase in recent years has been in connection with the examination of milk, necessitated by the marked increase in Licences under the Milk (Special Designations) Order, 1936, and its predecessor.

During the past year 11,182 samples have been examined (excluding all food and drug samples) as follows:—

Drinking Water—						
Bacteriological examinations	...	...	...	...	...	779
Chemical analyses	...	...	...	...	...	48
Sewage, sewage effluents, rivers and streams	...	...	...	...	...	53
Swabs for diphtheria bacilli	...	...	...	...	...	5,355
Cerebro spinal fluid and Post Nasal swabs	...	...	...	...	...	18
Sputum for tubercle bacilli	...	...	...	...	...	1,658
Blood for typhoid, paratyphoid, B.abortus, etc.	...	...	...	...	...	88
Hairs and skin for ringworm	...	...	...	...	...	92
Specimens for venereal disease	...	...	...	...	...	451
Urine for tubercle bacilli, B. coli, sugar, albumin, casts, etc.	...	...	...	...	...	99
Faeces for typhoid and dysentery	...	...	...	...	...	54
Swabs for haemolytic streptococci	...	...	...	...	...	158
Milk for tubercle bacilli	...	...	...	...	...	609
Milk for bacteriological examination (general)	...	...	...	...	...	34
Milk—Accredited	...	...	...	...	...	1,107
Milk—Grade A (T.T.), Certified and Pasteurised	...	...	...	...	...	495
Other specimens	...	...	...	...	...	84
Total						11,182

Of the 5,355 swabs examined, 588 showed the presence of diphtheria bacilli; of the 1,658 specimens of sputum, 453 contained tubercle bacilli; of the 88 specimens of blood, 9 gave a positive Widal reaction, and 16 gave agglutination with B.abortus; of the 92 specimens of hair, 32 contained ringworm fungi; and of the 451 specimens for venereal disease, 74 contained gonococci.

TABLE 'A.

Causes of, and Ages at Death during the Year 1936.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and up- wards.
Typhoid and paratyphoid fevers	1	0	0	0	0	0	0	1	0
Measles	12	3	1	4	4	0	0	0	0
Scarlet Fever	5	0	1	0	4	0	0	0	0
Whooping Cough	8	3	3	1	1	0	0	0	0
Diphtheria	12	0	0	3	8	1	0	0	0
Influenza	81	2	0	2	1	4	9	25	38
Encephalitis Lethargica	8	0	0	0	0	0	3	3	2
Cerebro-spinal fever	1	1	0	0	0	0	0	0	0
Tuberculosis of respiratory system	143	0	0	0	0	21	63	51	8
Other Tuberculous Diseases	35	2	0	4	3	8	6	8	4
Syphilis	4	0	0	0	0	0	0	3	1
General paralysis of the insane, tabes dorsalis	12	0	0	0	0	0	1	8	3
Cancer, Malignant Disease	729	0	2	1	1	2	56	259	408
Diabetes	74	0	0	0	1	0	4	19	50
Cerebral Haemorrhage, etc.	319	0	1	0	0	0	7	64	247
Heart Disease	1353	0	0	0	4	6	42	285	1016
Aneurysm	11	0	0	0	0	0	0	5	6
Other circulatory diseases	335	0	0	0	0	0	9	49	277
Bronchitis	189	7	0	1	2	1	3	18	157
Pneumonia (all forms)	210	28	11	4	5	1	25	63	73
Other Respiratory Diseases	42	0	0	0	0	0	1	14	27
Peptic Ulcer	55	0	0	0	0	0	6	27	22
Diarrhoea, etc.	32	11	1	1	1	0	1	8	9
Appendicitis	28	0	1	2	1	3	3	6	12
Cirrhosis of Liver	11	0	0	0	0	0	0	7	4
Other diseases of liver, etc.	25	0	0	0	0	0	2	4	19
Other digestive diseases	85	2	1	1	4	0	10	23	44
Acute and Chronic Nephritis	205	0	0	2	3	4	15	53	128
Puerperal Sepsis	12	0	0	0	0	2	10	0	0
Other Puerperal causes	18	0	0	0	0	1	17	0	0
Congenital Debility, Premature Birth, Malformations, etc.	173	170	1	1	0	0	0	1	0
Senility	314	0	0	0	0	0	0	0	314
Suicide	50	0	0	0	0	2	13	27	8
Other violence	187	9	0	5	13	25	37	38	60
Other defined diseases	434	14	8	2	13	15	45	117	220
Diseases ill-defined or unknown	4	0	0	0	0	0	1	0	3
	5217	252	31	34	69	96	389	1186	3160

APPENDIX [C.]

TABLE OF NEW CASES OF SICKNESS,

Coming to the knowledge of the Medical Officer of Health, during Year ending December 31st, 1881, in the Urban Sanitary District of South Shields, classified according to Localities and Diseases.

SANTARY DISTRICTS.	NAMES OF LOCALITIES.	NEW CASES OF SICKNESS, IN PERSONS BELONGING TO THE DISTRICT, DISTINGUISHING THOSE IN CHILDREN UNDER FIVE YEARS OF AGE.																			
		1	12	13	14	15	16	17	18	Continued Fever.			22	23	24	25	26	27	28	29	30
										Typhus.	Enteric or Typhoid.	Other or Doubtful.									
				Small-pox	Measles.	Scarlatina.	Diphtheria.	Croup (not "spasmodic").	Whooping Cough.				Diarrhoea and Dysentery.	Cholera.	Rheumatic Fever.	Erysipelas.	Pyæmia.	Puerperal Fever.	Ague.	Bronchitis.	Phthisis.
I.	{ Sub-division 1.....	Under 5	...	3	...	...	...	...	1	...	...	..	...	...	...	...	...	...	...	23	...
		5 upwds.	...	6	...	...	...	...	1	...	...	2	5	...	...	1	...	...	...	34	5
	{ Sub-division 2.....	Under 5	...	2	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...
		5 upwds.	...	2	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	3
II.	{ Sub-division 1.....	Under 5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
		5 upwds.	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	5	...
	{ Sub-division 2.....	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.	{ Sub-division 1.....	Under 5	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	...
		5 upwds.	...	1	...	...	...	...	...	...	...	3	...	...	1	...	...	...	1	1	
		Sub-division 2.....	Under 5	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	{ 5 upwds.	...	2	...	...	...	...	...	1	...	...	1	...	1	2	...	...	...	3	...	
	{ Sub-division 3.....	Under 5	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	..	17	...	
	{ 5 upwds.	...	2	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	5	2	
IV.	{ Sub-division 1.....	Under 5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
		5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	
	{ Sub-division 2.....	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	{ 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3
V.	{ Sub-division 1.....	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
		5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	{ Sub-division 2.....	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	{ 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals.....		Under 5	...	12	...	...	...	...	1	...	...	2	...	...	...	...	...	...	71	...	
		5 upwds.	...	13	...	...	...	...	1	3	...	2	11	...	1	8	...	...	53	14	

TABLE C.

Table showing, for each Rural District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area. Acres.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population. (Mid-Year)	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
RURAL :—									
1. AXBRIDGE	90,551	287	312	21	22,180	12.94	14.07	10.97	73.2
2. BATHAVON	46,276	349	279	17	22,820	15.29	12.23	10.27	48.7
3. BRIDGWATER	86,769	224	202	12	16,490	13.58	12.25	9.43	53.6
4. CHARD	54,600	142	141	5	11,230	12.64	12.56	10.30	35.2
5. CLUTTON	42,641	241	200	13	15,850	15.21	12.62	10.85	53.9
6. DULVERTON	78,980	62	65	5	4,495	13.79	14.46	12.44	80.6
7. FROME	51,718	144	107	4	9,515	15.13	11.25	9.34	27.8
8. LANGPORT	59,407	167	181	7	12,210	13.68	14.82	11.41	41.9
9. LONG ASHTON	46,515	264	278	15	19,420	13.59	14.32	12.60	56.8
10. SHEPTON MALLET	47,777	143	122	6	9,730	14.61	12.54	10.28	42.0
11. TAUNTON	70,682	222	191	14	16,700	13.29	11.44	9.04	63.1
12. WELLINGTON	37,911	99	90	3	7,264	13.63	12.39	9.79	30.3
13. WELLS	57,175	137	134	12	9,446	14.50	14.19	11.49	87.6
14. WILLITON	97,364	127	153	9	11,900	10.67	12.86	10.03	70.9
15. WINCANTON	64,540	229	218	7	15,910	14.39	13.70	12.37	35.7
16. YEOVIL	53,495	233	207	10	16,540	14.09	12.52	10.64	42.9
Totals of Rural Population	986,401	3,070	2,880	160	221,700	13.85	12.99	10.65	52.1

TABLE D.

Table showing, for each Urban District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population. (Mid-Year)	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
URBAN :—	Acres.								
1. BRIDGWATER	1,677	277	230	18	17,950	15.43	12.81	11.27	65.0
2. BURNHAM	2,246	90	100	4	7,792	11.56	12.83	9.11	44.4
3. CHARD	1,030	38	50	2	4,380	8.68	11.42	8.79	52.6
4. CLEVEDON	3,296	89	124	7	7,660	11.62	16.19	10.20	78.7
5. CREWKERNE	1,291	41	48	2	3,500	11.71	13.71	11.38	48.8
6. FROME	1,194	109	145	6	10,370	10.51	13.98	11.04	55.0
7. GLASTONBURY	5,019	64	45	2	4,525	14.14	9.94	8.75	31.1
8. ILMINSTER	531	19	30	1	2,216	8.57	13.54	11.51	52.6
9. MINEHEAD	2,816	69	76	1	6,359	10.85	11.95	9.20	14.5
10. NORTON- RADSTOCK	3,370	181	141	6	11,240	16.10	12.54	11.91	33.1
11. PORTISHEAD	911	35	47	1	3,791	9.23	12.40	10.04	28.6
12. SHEPTON MALLET	2,278	60	63	0	4,313	13.91	14.61	12.13	0.0
13. STREET	3,069	43	49	2	4,532	9.49	10.81	9.62	46.5
14. TAUNTON	2,428	356	353	19	27,200	13.09	12.98	11.29	53.4
15. WATCHET	493	33	31	1	2,155	15.31	14.39	11.37	30.3
16. WELLINGTON	2,211	81	79	3	6,648	12.18	11.88	8.91	37.0
17. WELLS	1,336	64	64	5	5,279	12.12	12.12	9.09	78.1
18. WESTON-S-MARE	4,923	349	450	9	32,340	10.79	13.91	10.57	25.8
19. YEOVIL	2,257	253	212	3	19,650	12.88	10.79	11.11	11.9
Totals of Urban Population	42,376	2,251	2,337	92	181,900	12.37	12.85	10.54	40.9
Administrative County	1,028,777	5,321	5,217	252	403,600	13.18	12.93	10.60	47.4
England and Wales, 1936		—	—	—	—	14.8	12.1	12.1	59

TAUNTON :

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